## L15000/26789

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## COVER LETTER

	egistration Section ivision of Corporations	Access to the second se	
SUBJECT	Window cleaning and janitorial services		
SUBJECT	Name of Limited Liability	ty Company	
The enclos	ed Articles of Organization and fee(s) are submitted	for filing.	
Please retu	rn all correspondence concerning this matter to the fo	ollowing:	
	Laurie Ruggerio		
	Name of	Person	<u> </u>
	Cassadaga Window Cleaning and Janitorial Service	es	
	Firm/Cor	npany	
	121 Broat Road		
	Addre	ess	
	Littel Falls, New York 13365		
	City/State and	l Zip Code	
•	E-mail address: (to be used for future a	nnual report notification)	SE 15
For further i	nformation concerning this matter, please call:		Par T
	Laurie Ruggerio 315	8682336	JUL 20 PH 12: 0
	Name of Person Area Code	Daytime Telephone Number	12
Enclosed is	s a check for the following amount:		00
<b>\$</b> 125.00 Fi	Certificate of Status Certifie	0 Filing Fee & \$160.00 Filing ed Copy Certificate of Certified Copy (additional copy	Status &
	Mailing Address	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	rusi a			
The name of the Limited Lia	ibility Company is:			
	ow Cleaning and Janitorial			
(Must	end with the words "Limite	d Liability Company,	"L.L.C.," or "LLC,")	
ARTICLE II - Address:				
The mailing address and stre	eet address of the principal of	office of the Limited I	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Addr	ess:
885 Cassadag Ro	oad	885 C	assadaga Road	
Lake Helen, Flor	ida 3274		Helen, Florida 32744	
				<del></del> _
ARTICLE III - Registered	Agent, Registered Office,	& Registered Agent	's Signature:	
(The Limited Liability Comp	oany cannot serve as its own	n Registered Agent. Y	ou must designate an ind	ividual or
another business entity with	an active Florida registration	on.)		
The name and the Florida str	reet address of the registere	d agent are:		
	Jason Ruggerio			
		Name		
	995 Cassadaga Daad	•		
	885 Cassadaga Road Florida street addres	ss (P.O. Box <u>NOT</u> acc	rentable)	
		_	• /	
	Lake Helen	Florida	32744	
	City	State	Zip	
laving been named as registe clace designated in this certific arther agree to comply with th amfamiliar with and accept th	cate, I hereby accept the app se provisions of all statutes r	pointment as registered relating to the proper a	l agent and agree to act it and complete performance	n this capacity. I e of my duties, and I
	1.K			⊼s →
	Regist	tered Agent's Signatur	re (REQUIRED)	
		(CONTINUED)		TIL 20
		•		Eluca prose
		Page 1 of 2		7
				PH IZ: 00
				. 0

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Louis Ruggerio 121 Broat Road
	Little Falls, New York 13365
MGR	Laurie Ruggerio 121 Broat Road
	Little Falls, New York 13365
•	he date of filing: (OPTIONAL)
ective date is listed, the date mus of filing.)	s not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block does	t be specific and cannot be more than five business days prior to or 90 desires not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ctive date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Depart	t be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be timent of State's records.
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E V: Effective date, if other than the ective date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements, this date will not be the statutory filing requirements and the statutory filing requirements and the statutory filing requirements, this date will not be the statutory filing requirements and the statu