

L15000128131

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DIVISION OF CORPORATIONS  
15 JUL 29 PM 12:04

JUL 29 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2015

YANIER LABRADA  
6914 DIMARCO RD  
TAMPA, FL 33634

SUBJECT: COMPLETE JANITORIAL SERVICES LLC  
Ref. Number: W15000042511

RECEIVED  
15 JUL 29 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for COMPLETE JANITORIAL SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 815A00012924

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COMPLETE JANITORIAL SERVICES LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANIER LABRADA

Name of Person

Firm/Company

6914 DIMARCO RD

Address

TAMPA FLORIDA 33634

City/State and Zip Code

YANIERLABRADA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YANIER LABRADA      813      516-7500  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

~~\$130.00 Filing Fee &~~  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPLETE JANITORIAL SERVICES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6914 DIMARCO RD  
TAMPA, FL 33634

Mailing Address:

P.O. Box 263266  
Tampa FL 33685-3266

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

YANIER LABRADA

Name

6914 DIMARCO RD

Florida street address (P.O. Box **NOT** acceptable)

TAMPA

FLORIDA

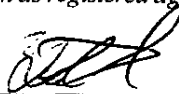
33634

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV:**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Yanier Labrada  
P. O. BOX 263266  
Tampa FL 33685-3266

AMBR

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Yanier Labrada

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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