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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D. HAWKINS COMMERCIAL AND RESTOCIONAL CICANING
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAROLON ISAAC Name of Person
D. Hawkins Commercial and Residential Cleaning Service Firm/Company
P.O. Box 677972 Orlando, FL. 32867-7972 Address
Orlando, Fl. 32867-7972 City/State and Zip Code MDI 412 D 4ahoo · COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARDion ISAAC at (407) 285-501) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

D. Hawkins Commercial and Residential Cleaning Service, 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:	Mailing Address:
9225 Kelson Park Circle	P.O. Box 677972
#ID3	ORlando FL.
Orlando M. 32828	<u> </u>

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:

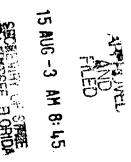
MARDLO	TS	CAC
	Name	
		2K arde #103
Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)
Orlando	FL.	32817
City	State	Zip

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)

Page 1 of 2



Title: "AMBR" = Authoriz	zed Member	Name and Address:
"MGR" = Manager	_	MAROLON ISAAC 9225 Neson Park Circle
Authorized	1 Member	+103 ORlando FL 32817
		
EV: Effective date,	if other than the date of fil	ing: (OPTIONAL)
EV: Effective date, ective date is listed, of filing.) The date inserted in temperative date	if other than the date of fil the date must be specific his block does not meet to on the Department of Sta	and cannot be more than five business days prior to or 90 he applicable statutory filing requirements, this date will no
EV: Effective date, ective date is listed, of filing.) the date inserted in the ment's effective date	if other than the date of fil the date must be specific his block does not meet to on the Department of Sta	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will notate's records.
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ective date is listed, of filing.) The date inserted in tement's effective date E VI: Other provisio REOUIRED SIGN This	if other than the date of file the date must be specific this block does not meet to on the Department of Stans, if any. ATURE: Signature of a member of document is executed in a ware that any false info	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will notate's records.
E V: Effective date, sective date is listed, of filing.) The date inserted in the ment's effective date E VI: Other provision REOUIRED SIGN This I am	if other than the date of file the date must be specific this block does not meet to on the Department of Stans, if any. ATURE: Signature of a member of aware that any false informations at third degree follows:	he applicable statutory filing requirements, this date will no ate's records. A 7 - 41 610 55 For an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. Transmitted in a document to the Department of State

ARTICLE IV-