

L15000140877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900274791629

08/21/15--01018--004 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
15 AUG 21 AM 10:54  
TO KNOWLEDGE  
SUFFICIENCY OF FILING

AUG 21 2015  
T SCHROEDER

15 AUG 21 AM 10:54  
SECRETARY OF STATE  
FILING SECTION

APR 21 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: All American Professional Cleaning 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:

Sandra Yvonne Barron  
Name of Person

All American Cleaning Services LLC  
Firm/Company

11911 Leroy Tedder Grade Ego  
Address

Lamont Fla. 32336  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sandra Barron at (850) 688-5655  
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

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

Street Address

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:

The name of the Limited Liability Company is:

ALL American Professional Cleaning Services LLC.  
(Must end with the words "Limited Liability Company," "LLC," 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:

11911 Leroy Tedder Grade  
LAmont Fla. 32336

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Sandra Barron

Name

11911 Leroy Tedder Grade

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

LAmont Fl. 32336

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.*

Sandra Y. Barron

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STANDARD & SPORE  
INCORPORATED  
14000 N. W. 11th Ave.  
Miami, FL 33150

15 JUN 21 AM 10:55

ATTEST  
FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

\_\_\_\_ AMBR

**Name and Address:**

Sandra Barron  
11911 Leroy Tedder  
Grade Lamonit  
Fla. 32336

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/21/2015 (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:**

Sandra Barron

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Sandra Barron

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)

15 AUG 21 12:05 PM  
TALLAHASSEE  
RECEIVED