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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hi - Performance Cleaning Solutions, 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:
Lonnie E. Daniel Name of Person
Hi - Performance Cleaning Solutions
5633 Mossy Top Way
Tallahassee, FC 32303  City/State and Zip Code  Lonndani @gmail.com  E-mail address: (so be used for future annual report notification)
For further information concerning this matter, please call:
Lonnie Danie at (850) 543-2236  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, 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

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

**Mailing Address:** 

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

The name of the Limited Liability Company is:

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
Lonnie Daniel Name			
5633 Mossy Top Way Florida street address (P.O. Box NOT acceptable)			
Tallahussee, FL 32303 City Zip			
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I at accept the obligations of my position as registered agent as provided for in Complete.	ne appoin In the prov In familia	ntment visions or with	as of all and
Registered Agent's Signature (REQUIRED)			
(CONTINUED) Page 1 of 2		15 SEP	
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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Lonnie Daniel 5633 Mossy Too Way
	Tallahussee FC 32303
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	ne date of filing: September 8, 201. COPTIONAL  t be specific and cannot be more than five business da  the applicable statutory filing requirements, this date will not be li
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet is effective date on the Department of State.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in a I am aware that any false inforconstitutes a third degree felon	t the applicable statutory filing requirements, this date will not be lie's records.  er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.

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