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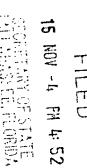
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

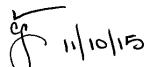
Office Use Only



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*

COVER LETTER

·	
TO: Registration Section Division of Corporations	
SUBJECT: ELite PROFESSIONAL Janitural Souvice LLC	•
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
TANIYA BEED	
Name of Person	
TELITE PROFOSSIONAL JANITURAL SCRUKE LL	<u>C</u>
rimeCompany	
125 S.E. 22 Nd Street	
Adurcss	
Connewille, Flu 32641 City/State and Zip Code	
Jama Boed 15600 uahoo. Com	
E-mail address: (to be used for fettire annual report notification)	
For further information concerning this matter, please call:	
Tanya Reed at 352 222-9051 Name of Person Area Code Daytime Telephone Number	
Name of Cison Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fec \$130.00 Filing Fec & \$155.00 Filing Fec & \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Malling 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

FILED

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SECRETARY OF STATE

FILESDA



October 28, 2015

TANYA REED 125 S.E. 22ND STREET GAINESVILLE, FL 32641

SUBJECT: ELITE PROFESSIONAL JANITORIAL SERVICE

Ref. Number: W15000071360

We have received your document for ELITE PROFESSIONAL JANITORIAL SERVICE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

We are enclosing the proper form(s) with instructions for your convenience.

Documents are incomplete to file a conversion, please clarify your intentions.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 615A00022801,

FILEU 52

EFFECTIVE DATE 10/01/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	DTI	CT.	F. I	_	Name:
~		~_		_	I AMILIAN

The name of the Limited Liability Company is:

FILED

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ELITE PROFESSIONAL JANITORIAL SERVICE LLC

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

GEORETARY OF STATE ALLAHASSEE, FLORIDA

ARTICLE IJ - Address:

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

Principal Office Address:	Mailine Address:
125 S.E. 22 No Street	
CALLOSVIII. FIG	
32641	

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:

TA	NUA	REED	
	N	ame	
125	5.E.	2249	Street
Florida stre	et address (P.	O. Box NOT a	cceptable)
Cain	esville	- FIG	32641
C	ity	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 t 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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
Authorized MEMb	Janua Reed 125 S.F. 12 nd Brack Carnesville, Fla 32641 DECHON Reed.
	CAINE SUILLE FLA 32 64
(Use attachment if necessary)	
CLE V: Effective date, if other than the date effective date is listed, the date must be specified.) If the date inserted in this block does not	pecific and eannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be I
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not current's effective date on the Department.	necific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be 1
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not current's effective date on the Department.	necific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be 1
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not ecument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be lead of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be set of filing.) If the date inserted in this block does not comment's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a im This document is exert I am aware that any fals.	necific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be 1
CLE V: Effective date, if other than the date effective date is listed, the date must be set of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a manual date of the department is executed any sales.	meet the applicable statutory filing requirements, this date will not be lead of State's records. ember or an authorized representative of a member. tend in accordance with section 605.0203 (1) (b), Florida Statutes, as information submitted in a document to the Department of State

Page 2 of 2

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