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(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	,	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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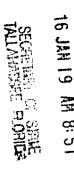
FILING CANCELLED RETURNED CHECK

THE ACKNOWLEDGE SUFFICIENCY OF FILME

8 WV 61 NVr 9

RECEIVED.

JAN 19 2018 S. GILBERT



COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Curt (5 Collin's C	learnet Maintenance LLC Liability Company
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Curtis Col	me of Person
Curtis Collins Cl	eaning + Maintenance
47225, Lovering P	Address
Inverness, Fl. 3. City/St	ate and Zip Code
E-mail address: (to be used for the for further information concerning this matter, please call:	
Curtis Collins at (35) Name of Person Area C	
Enclosed is a check for the following amount:	
Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy ditional copy is enclosed) 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

FILING CANCELLED RETURNED CHECK



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 JAN 19 AH 8:51

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ARTICLE II - Address:

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

Curtis Collins Cleaning + 14

Principal Office Address:	<u> Mailing Address</u> :
47225, Lovering Pt Inversess, Fr 324150	4722 S. Lavering Pl.

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:

Curtis Collins				
4722 5, Euvering Pt. Florida street address (P.O. Box NOT acceptable)				
Inverness,				

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 oppointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all scattles 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

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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 MGR" + Manager	Name and Address: Curtis Collins 4922 5- Lovering Pt. Inverses Fl. 34450
÷.		
,		
	(Use attachment if necessary)	
(If an ef the date <u>Note:</u> I	fective date is listed, the date must be specific an of filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
	LE VI: Cther provisions, if any.	
	REQUIRED SIGNATURE:	allin
	This document is executed in a l am aware that any false inform	or an authorized representative of a member. eccordance with section 605.0203 (1) (b), Florida Statutes. eation submitted in a document to the Department of State eas provided for in s.817.155, F.S.
	Curtis	Callins d or printed name of signee

as

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)