

L16000048128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 MAR 10 PM 2:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan

MAR 11 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SA-Shine 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:

Amelia Cianciarulo
Name of Person

SA-Shine Cleaning Services LLC
Firm/Company

11068 Laurel Valley Circle
Address

Wellington, FL 33414
City/State and Zip Code

SASHINES9@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Sanchez (561) 303-8575
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2016

AMELIA CIANCARULO
11068 LAUREL VALLEY CIRCLE
WELLINGTON, FL 33414

SUBJECT: SA-SHINE CLEANING SERVICES, LLC
Ref. Number: W16000011658

We have received your document for SA-SHINE CLEANING SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 816A00003224

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SA-SHINE 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:

Amelia Cianciarulo

Name of Person

SA-SHINE Cleaning Services LLC

Firm/Company

11608 Laurel Valley Circle

Address

Wellington, Florida 33414

City/State and Zip Code

Sashine12359@gmail.com

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

For further information concerning this matter, please call:

JS Tax Professional

561

303-8575

at ()

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:

SA-SHINE Cleaning Services, 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:

11608 Laurel Valley Circle
Wellington, FL 33414

11608 Laurel Valley Circle
Wellington, FL 33414

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:

JS Tax Professional LLC L12000018466

Name

8993 O Keechobee Blvd. - Ste 112

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

West Palm Beach, FL 33411

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company and 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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE

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:

Amelia Cianciarulo
11068 Laurel Valley
Wellington, FL 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

FIN #: 81-0969595

REQUIRED SIGNATURE:

Amelia Cianciarulo

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.

Amelia Cianciarulo

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)

16 MAR 10 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA