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(Re	questor's Name)	
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## **COVER LETTER**

**Registration Section** 

TO:

Di	vision of Corporations		
SUBJECT	J.O.E.L. Cleaning Services, LLC		
SUBJECT	Name of I	Limited Liabilit	y Company
The enclose	ed Articles of Organization and fee(s)	are submitted	or filing.
Please retu	rn all correspondence concerning this	matter to the fo	llowing:
	Lynette Barrett		
		Name of I	Person
	J.O.E.L. Cleaning Services, LLC		
		Firm/Cor	npany
	7771 Maslin Street		
		Addre	SS
	Windermere, FL 34786		
;	lynette.e.barrett@gmail.com	City/State and	Zip Code
-	E-mail address: (to be us	sed for future ar	nual report notification)
For further in	nformation concerning this matter, ple	ease call:	
	Lynette Barrett	407	782-8842
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Siling Fee & Siling 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  661 Executive Center Circle  Fallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTIC	LLI	- N	ame
The nan	ne of	the	Lim

The name of the Limited Liability Company is:

J.O.E.L. Cleaning Services, LLC

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

SECRETAR 24 PM 3:41

## ARTICLE II - Address:

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

7771 Maslin Street	7771 Maslin Street
Windermere, FL 34786	Windermere, FL 34786

Mailing Address:

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:

**Principal Office Address:** 

Lynette Barrett		
	Name	
7771 Maslin St		
Florida street addres	ss (P.O. Box <b>NOT</b> ac	eceptable)
Windermere	FL	34786
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..

(CONTINUED)

ered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	*
MGR	Lynette Barrett
	7771 Maslin Street
	Windermere, FL 34786
(Use attachment if necessary)	March 27 mil
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  If the date inserted in this block doe	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must rate of filing.)  If the date inserted in this block does occument's effective date on the Departicular CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that ar	s not meet the applicable statutory filing requirements, this date will not be the state of State's records.  EIN# 81-1310018  If a member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State.
CLE V: Effective date, if other than the effective date is listed, the date must lite of filing.)  If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that ar	s not meet the applicable statutory filing requirements, this date will not be the state of State's records.  EIN# 81-1310018  If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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as

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)