

L16000092623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

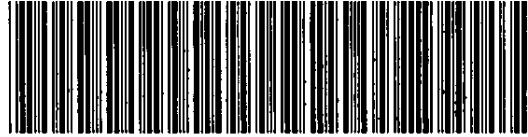
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/26/16--01033--008 \*\*125.00

16 MAY 13 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Ouligan MAY 17 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Xtreme Propert Cleanup 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:

Shermaine Randall

Name of Person

Xtreme Property Cleanup LLC

Firm/Company

7655 SW 10th St Apt C

Address

North Lauderdale FL 33068

City/State and Zip Code

shermanerandall@gmail.com

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

For further information concerning this matter, please call:

Shermaine Randall

954

2137265

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2016

SHERMAINE RANDALL  
7655 SW 10TH ST APT C  
NORTH LAUDERDALE, FL 33068

SUBJECT: XTREME PROPERTY CLEANUP LLC  
Ref. Number: W16000032541

We have received your document for XTREME PROPERTY CLEANUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 316A00009144

RECEIVED

16 MAY 13 PM 12:29

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Xtreme Property Cleanup 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:

7655 SW 10th St Apt C

North Lauderdale FL 33068

Mailing Address:

7655 SW 10th St Apt C

North Lauderdale FL 33068

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:

Shermaine Randall

Name

7655 SW 10th St Apt C

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

North Lauderdale

FL

33068

City

State

Zip

16 MAY 13 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

**Name and Address:**

Shermaine Randall

7655 SW 10th St Apt C

North Lauderdale FL 33068

AMBR

Delbert Smith

1940 SW 68th Ave

North Lauderdale FL 33068

(Use attachment if necessary)

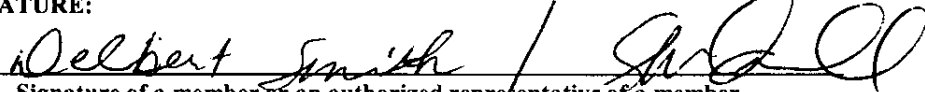
**ARTICLE V:** Effective date, if other than the date of filing: 04/06/2016 (OPTIONAL)

(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.

**REQUIRED SIGNATURE:**



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.

Shermaine Randall

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)