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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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16 MAY 27 PH 12: 32

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COVER LETTER

	gistration Section vision of Corporations
SUBJECT	Clair's Professional Cleaning Company LLC
SUBJECT	Name of Limited Liability Company
The enclos	d Articles of Organization and fee(s) are submitted for filing.
Please retu	all correspondence concerning this matter to the following:
	Lisa M. Lewis
	Name of Person
	Clair's Professional Cleaning Company LLC
	Firm/Company
	2379 W. Bayshore Road
	Address
	Gulf Breeze, Fl 32563
	City/State and Zip Code
-	sam1160@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Lisa M. Lewis 850 712-8879
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$ 125.00 Fi	ng Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Nan	ıe:
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The name of the Limited Liability Company is:

. 16 MAY 27 PM 12: 32

SECRETARY OF STATE TALLAHASSEE FLORIDA

Mailing Address:

Clair's Professional Cleaning Company LLC

Principal Office Address:

(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:

Lisa M. Lewis	Lisa M. Lewis
2379 W, Bayshore Rd.	2379 W. Bayshore Rd
Gulf Breeze, Fl 32563	Gulf Breeze, Fl 32563

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:

Lisa M. Lewis		
	Name	
2379 W. Bayshore l	Rd.	
Florida street addre	ss (P.O. Box NOT ac	cceptable)
Gulf Breeze	Fl	32563
City	State	Zin

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 (REQUIRE

(CONTINUED)

Page 1 of 2

Title:			76 1110	
Title•			16 MAY 27	PM 12: 3
"AMBR" = Authorized	Mambar	Name and Address:	SECOPTION	,
"MGR" = Manager	Wiember		SECRETARY FALLAHASSE	OF STAT
MGR – Manager MGR		Lisa M. Lewis	Verying 2F	t FLORIC
111011		2379 W. Bayshore Rd.		
		Gulf Breeze, Fl 32563		
 				
(Use attachment if neces	• •		(OPTIONAL)	
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effective date is listed, the ite of filing.)	date must be specific and block does not meet the a	cannot be more than five busi pplicable statutory filing require	ness days prior to or 90	•
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)