

L16000/08492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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APR 15 2016
15 09:51

W12-029349

04/07/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2016

MATTIE L. LANEY-FORD
5759 ARLINGTON RD., #3
JACKSONVILLE, FL 32211

*** 2ND CORRECTION **

SUBJECT: A+ CLEANING EXPERTS, "LLC."
Ref. Number: W16000029349

RECEIVED
16 JUN -6 PM 4: 10
DIVISION OF STATE
TALLAHASSEE, FLORIDA

We have received your document for A+ CLEANING EXPERTS, "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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P11000043070.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 516A00008202



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2016

MATTIE L. LANEY-FORD
5759 ARLINGTON RD., #3
JACKSONVILLE, FL 32211

SUBJECT: M&G CLEANING SERVICE "LLC".
Ref. Number: W16000029349

We have received your document for M&G CLEANING SERVICE "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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L08000009043.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 516A00008202

RECEIVED

16 MAY 17 AM 10:53

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M&G Cleaning Service
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:

Mattie L. Lancy- Ford

Name of Person

M&G Cleaning Service

Firm/Company

5759 Arlington rd. # 3

Address

Jacksonville, FL 32211

City/State and Zip Code

geewife@gmail.com

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

For further information concerning this matter, please call:

Mattie L. Lancy-Ford

904

315-3037

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:

Made In Duval Cleaning Service "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:

5759 Arlington Rd. # 3
Jacksonville, FL 32211

Mailing Address:

5759 Arlington Rd. # 3
Jacksonville, FL 32211

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:

Patsy Ford
Name

4214 Owens Ave
Florida street address (P.O. Box **NOT** acceptable)

<u>Jacksonville</u>	<u>Florida</u>	<u>32209</u>
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..

Patsy Ford
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

Name and Address:

Gerald L. Ford

4214 Owens Ave

Jacksonville, FL 32209

(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.

REQUIRED SIGNATURE:

Mattie Laney-Ford

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.

Mattie Laney-Ford

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 JUN -6 44 9:51
SECRETARY OF STATE
JUL 1 2016