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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2016

CAROLYN S PINSON 1025 NW 74 STREET MIAMI, FL 33150

SUBJECT: MS.CC SPOTLESS CLEANING SERVICE

Ref. Number: W16000058945

We have received your document for MS.CC SPOTLESS CLEANING SERVICE 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 of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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: 416A00018080

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	•
Must end with the words "Limited Liability Company," L.L.C.," of	WICE LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co.	mpany is:
Principal Office Address: Mailing Address: Mailing Address:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must deanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: ARCHANGE INSON Name Data North Harmonia North North	16 SEP 15 AM 8: 17 SECRETARY OF STATE FALLAHASSEE FLORIDA
Having been named as registered agent and to accept service of process for the above stathe place designated in this certificate, I hereby accept the appointment as registered a capacity. I further agree to comply with the provisions of all statutes relating to the propof my duties, and I am familial with and accept the obligations of my position as registed Chapter, 606, F.S	gent and agree to act in this per and complete performance

(CONTINUED)

Registered (gent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- The name and address of each person author	rized to manage and control the Limited Liab	oility Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: ARD/YN S ///	NON MOR
MUNGGER	CharoniA S M	11KE AMBR
WURKER	LEVERICK R	SUDICK AP
MOKER.	IRVEN & PR	ESSIEY. AR
Manager.	WILL JAI	asom AK
(Use attachment if necessary)	<i>T</i>	
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specifithe date of filing.)		PTTONAL) ays prior to or 90 days after
ARTICLE VI: Other provisions, if any.	<u>) </u>	
(In accordance with section 605.0203 (er or an authorized representative of a mel) (b), Florida Statutes, the execution of this	MGR ember. document
constitutes an affirmation under the penalties of p I am aware that any false information submitted in constitutes a third degree felony as provided for in	erjury that the facts stated herein are true. n a document to the Department of State n s.817.155, F.S.)	
C // /// T	yped or printed name of signee	TAN AT
Filing Fees: \$125.00 Filing Fee for Articles of Organization and of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)		SEP 15 AH
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