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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

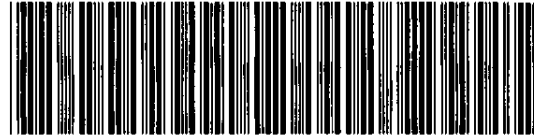
(Document Number)

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16 OCT 12 AM 7:22

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M. MOON
OCT 12 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2016

LOUISE DA SILVA
2880 WEST OAKLAND PARK BLVD., STE. 1000
OAKLAND PARK, FL 33311

SUBJECT: PRACTICAL MAGIC CLEANING, LLC
Ref. Number: W16000068496

We have received your document for PRACTICAL MAGIC CLEANING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the document is incomplete/missing a page(s). Please resubmit the whole document in order for it to be processed.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 216A00021503

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STATE
CORPORATIONS
DIVISION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Practical Magic Cleaning, 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:

Louise Da Silva

Name of Person

Practical Magic Cleaning, LLC

Firm/Company

2880 West Oakland Park Blvd, Suite 1000

Address

Oakland Park, FL 33311

City/State and Zip Code

louisa@dscleaningandmaidservice.com

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

For further information concerning this matter, please call:

Louise Da Silva

305

2987371

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

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DIVISION OF CORPORATIONS
OCT 16 2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Practical Magic Cleaning, 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:

2880 W. Oakland Park Blvd, Suite 1000
Oakland Park, FL 33311

Mailing Address:

2880 W. Oakland Park Blvd, Suite 1000
Oakland Park, FL 33311

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:

Louise Da Silva

Name

1130 11th Street, 2A

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

Miami Beach

FL

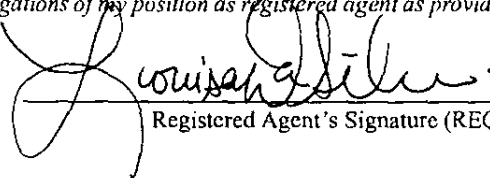
33311

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..



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

MGR

Name and Address:

Louise Da Silva

7501 Byron Avenue, #3

Miami Beach, FL 33141

(Use attachment if necessary)

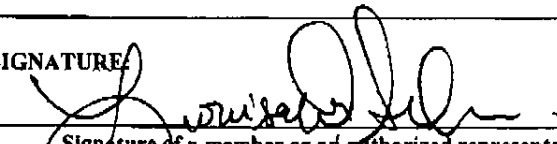
ARTICLE V: Effective date, if other than the date of filing: 10/5/2016. (OPTIONAL)

(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.

Louise Da Silva

Typed or printed name of signer

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 OCT 12 AM 7:22

FILED
 10/12/2016
 310A