# L16000193875

(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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10/18/16--01018--005 \*\*125.00

EFFECTIVE DATE 10/12/16

## **COVER LETTER**

į

TO: Registration Section Division of Corporations
SUBJECT: Cleaning In Between Line.  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:
Shorca Hedman Name of Person
Firm/Company
152 Ballum blud.
Gunacres FC 384(03)  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, 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

A	RT	ICI	LE I	- N	ame
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The name of the Limited Liability Company is:

Cleaning In Between L.C.," or "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:

Mailing Address:

Green Acres

Green UC/125 F TC 33463

## 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:

Name

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

Willy Stra

y State

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)

Page 1 of 2

The name and address of each person authorized to	manage and control the Limited Liability Company.		
Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Diperere Hedman 153 Baldwin blyd Freen arms El 53463		
MER	James Jungsn 132 Helawibiya Greenacrez (1 33463		
<del></del>			
<del></del>			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing.  If an effective date is listed, the date must be specific and on the date of filing.)  Note: If the date inserted in this block does not meet the appropriate the document's effective date on the Department of State's research.  ARTICLE VI: Other provisions, if any.	cannot be more than five business days prior to or 90 plicable statutory filing requirements, this date will not	-	
REOUIRED SIGNATURE:			
This document is executed in acco	n authorized representative of a member. rdance with section 605.0203 (1) (b), Florida Statutes. on submitted in a document to the Department of State provided for in s.817.155, F.S.		
Sherece L	tedman	(C.)	<u>.</u>
Typed o	r printed name of signee	===	7.5

**ARTICLE IV-**

Page 2 of 2

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)

DCT 18 PH 2: 15