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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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FILED
 2016 OCT 31 PM 3:29
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

V HERRING
NOV - 3 2016

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: LEON & LEON PRESSURE CLEANING SERVICES, 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:

Emmanuel Regis

Name of person

OMNI BUSINESS SERVICES, INC

OMNI BUSINESS SERVICES, INC
9705 NE 2nd Avenue
Miami, Florida 33138

E-mail:

Julioleon35@yahoo.com

For further information concerning this matter, please call:

Emmanuel Regis @ 305-576-7755

Enclosed is a check in the amount of \$ 125.00 filing fee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I- Name

The name of the Limited Liability Company is:

LEON & LEON PRESSURE CLEANING SERVICES 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:

225 NE 23rd STREET
SUITE 1013
Miami, FL 33137

225 NE 23rd STREET
SUITE 1013
Miami, FL 33137

ARTICLE III –Registered Agent, Registered Office, & registered Agent’s Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must Designate and individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent is:

JULIO LEON
225 NE 23rd STREET
SUITE 1013
Miami, FL 33137

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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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

TITLE: Name and Address:
AMBR = Authorized Member
MGR = Manager

ALEXANDER LEON - MGR 225 NE 23rd STREET
SUITE 1013
Miami, Florida 33137

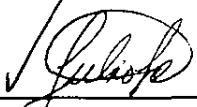
JULIO LEON - MGR 225 NE 23rd STREET
SUITE 1013
Miami, Florida

ARTICLE V: Effective date, if other than the date of _____ n/a _____ (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)

ARTICLE VI: Other provisions, if any: None



Alexander Leon
Signature of a member or an authorized representative of a member
(in accordance with section 605.0203 (1) (b) Florida Statutes, the
execution of this document constitutes an affirmation under the penalties
of perjury that the facts stated herein are true. 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)



Julio Leon
Signature of a member or an authorized representative of a member
(in accordance with section 605.0203 (1) (b) Florida Statutes, the
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or perjury that the facts stated herein are true. I am aware that any
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