

L16000230215

(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:

Office Use Only

W16000038923

DEC 22 2016

T. SCOTT



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05/16/16--01035--020 **125.00

16 DEC 20 AM 11:30

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~A TO Z CLEANING SERVICES~~

Name of Limited Liability Company

A To Z Total Cleaning Services

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETTY J HARGON

Name of Person

~~A TO Z CLEANING SERVICES~~

Firm/Company

A To Z Total Cleaning Services

739 NW 5TH AVE

Address

GAINESVILLE, FLORIDA 32641

City/State and Zip Code

~~BLWESLEY@YAHOO.COM~~

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

bjlwesley@gmail.com

For further information concerning this matter, please call:

BETTY J HARGON

352-377-7135

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 DEC 20 PM 12:47

November 29, 2016

BETTY J HARGON
739 NW 5TH AVE
GAINESVILLE, FL 32641

SUBJECT: A TO Z CLEANING SERVICES, LLC
Ref. Number: W16000038923

A To Z Total Cleaning Services, LLC

We have received your document for A TO Z CLEANING SERVICES, 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.

P16000089146- A TO Z CLEANING SERVICES INC

A To Z Total Cleaning Services

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 716A00024537

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A-TO-Z CLEANING SERVICES, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

A to Z Total 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:

739 NW 5TH AVENUE
GAINESVILLE, FLORIDA 32601

Mailing Address:

SAME

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:

BETTY J HARGON

Name

739 NW 5TH AVE

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

GAINESVILLE

FL

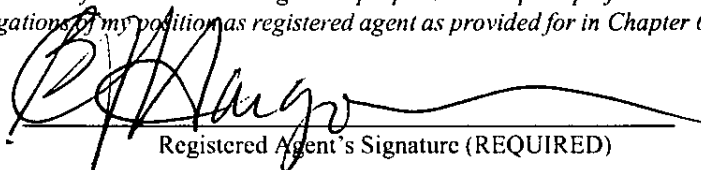
32601

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)

16 DEC 20 AM 11:30
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS

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:

BETTY J HARGON

739 NW 5TH AVE

GAINESVILLE, FL 32601

AMBR

SAM B WESLEY II

739 NW 5TH AVE

GAINESVILLE FL 32601

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/17 (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.

Betty J. Hargon

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)