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COVER LETTER

TO ₂ Registration Section Division of Corporations
SUBJECT: Faye's Cleaning Service, 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:
Faye H. Beasley Name of Person
Faye's Cleaning Service, LLC Firm/Company
247 Taipei Island Lane Address
Leesburg FL 34788 City/State and Zip Code beasley F12@amail. Com E-medl address: (to be used for future annual report notification)
beasler fla@amail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Faye Beasley at (352) 973.788 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Fours C	leaning S	ervice	> 110	١.	rait LED 1	3 PM 1:2
(Must conta	leaning Sin the words "Limited Lia	bility Compan	y, "L.L.C.,"	or "LLC.")	TALLAHASS	. Jr 5 /4/16 FF FLAND
ARTICLE II - Address: The mailing address and street add						בבירבטאוט
<u>Principa</u>	Office Address:			Mailing Addr	ess:	
247 Taipe	i Islandl	ane _	247	Taipei	Island	Lane
Leesburg	FL 34788		Lees	burg 1	FL 34788	!
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac-	cannot serve as its own Retrive Florida registration.)	gistered Agen			lividual or	
	Faye H. E		Y			
	247 Taipei Florida street address (I			ine_		
	Leesburg	FL	3478	3		
	City	State	7	Zip		
Having been named as registered as place designated in this certificate, I further agree to comply with the pro	hereby accept the appoin	tment as regist	ered agent a	nd agree to act i	n this capacity. 1	

(CONTINUED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
- 	
·	" = "
41	
It lee affachment it necessary)	
	of filing: 2.9.17 (OPTIONAD)
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not me	cific and cannot be more than five business days prior to or 90 da seet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.)	cific and cannot be more than five business days prior to or 90 da seet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) if the date inserted in this block does not mument's effective date on the Department of	cific and cannot be more than five business days prior to or 90 detect the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spend filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a met This document is executed a manuare that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
LE V: Effective date, if other than the date of fective date is listed, the date must be speriof filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the department of the document is executed a may a specific and a specific degree.	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date with not be of State's records. Boaley mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.