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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: Shelene's Cleaning Service 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:
Emily Shelene Name of Person
Shelene's Cleaning Senice, LLC Firm/Company
4600 Twin Oaks Drive #312 Address
Pen Sacola, FC 32506 City/State and Zip Code
Syclemes Cleaning Service & Yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 550 295-0679 ee at (
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTIC	LEI-	Name:
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The name of the Limited Liability Company is:

Shelene's Cleaning Service, LLC
(Must contain 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:
YGOD THIN ONKSDNIVE#312 PEMS a cola, FL 32500	HUSCOLA, FC 32506

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:

Rasean Non	r(:S		
Na	ıme		
\$ 515 East	Avery Str	eet 3	32,505
Florida street address (P.	O. Box NOT acce	ptable)	_/
Zensacola,	PL	32.505	<u> </u>
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)

17 FEB 27 AH 9: 01
SECRETARY OF STATE

Title: "AMBR" ≈ Authorized Member "MGR" = Manager	Name and Address:
MGIR	Engilo Shalara
rone	Emily Shelene 4400 TwinOaks Drive#312 Pensacola, FL 32504
(Use attachment if necessary)	
CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does	ne date of filing: 62 02 0 (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than teffective date is listed, the date must te of filing.) If the date inserted in this block document's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
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