## L17000046104

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

Office Use Only



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LLAHASSEE, FLORIDA

~ 03/02/17

## COVER LETTER ...

	New Filing Section Division of Corporations	
SUBJEC	Sun Coast Lakes Cleaning Service	e, LLC
SOBJEC		Limited Liability Company
The enclo	sed Articles of Organization and fee(s	) are submitted for filing.
Please ret	urn all correspondence concerning this	matter to the following:
	Krassimira N. Dworak	
		Name of Person
	Sun Coast Cleaning Service, LLC	
		Firm/Company
	10700 Ribbon Fern Way	
		Address
	Land O' Lakes, Florida 34638	
		City/State and Zip Code
	krassimira_m2000@yahoo.com	sed for future annual report notification)
n	`	·
For further	information concerning this matter, pl	ease call:
	Krassimira Dworak	727 815-6993
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.001	Filing Fee \$130.00 Filing Fee & Certificate of Status	
	Mailing Address  New Filing Section  Division of Corporations	Street Address  New Filing Section  Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit	. <u> </u>			
Sun Coast Lakes Cle				
(Must conta	ain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	office of the Limited I	iability Company is:	
<u>Princip</u>	al Office Address:		Mailing Add	ress:
10700 Ribbon Fern Way		11070	00 Ribbon Fern Way	
Land O' Lakes, Fl 34	1638	Land	O'Lakes, Fl 34638	
	Krassimira N. Dwor	ak Name	· · · · · · · · · · · · · · · · · · ·	
		Name		
	10700 Ribbon Fern	····		
,	Florida street addres	s (P.O. Box <b>NOT</b> acc	ceptable)	
	Land O'Lakes	Florida	34638	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the app ovisions of all statutes r ligations of my position	ointment as registered elating to the proper d	l agent and agree to act and complete performan provided for in Chapte	in this capacity. I ace of my duties, and I
				<b>Т.</b>

R -1 PM 3

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager MGR	Krassimira N. Dworak		
WOR	10700 Ribbon Fern Way		
	Land O' Lakes, Fl 34638		
AMBR	Walter J. Dworak		
	10700 Ribbon Fern Way		
	Land O' Lakes, Fl 34638		
<del></del>			
f an effective date is listed, the date must be be date of filing.) lote: If the date inserted in this block does no	ate of filing:  specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as		
RTICLE V: Effective date, if other than the date is listed, the date must be need the date of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as		
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be e date of filing.)  lote: If the date inserted in this block does not be document's effective date on the Department of the Department of a light of the document of a light of the document is exert am aware that any factors are described by the date of the da	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as		
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be e date of filing.) ote: If the date inserted in this block does note document's effective date on the Department's effective date on the Department of a This document is exellent and any factorized date of the date must be end of the date of	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  alse information submitted in a document to the Department of State as provided for in s.817.155, F.S.		

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)

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