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Division of Corporations

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From:

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ARFAMILY1@AOL.COM Rmail Address:

## FLORIDA LIMITED LIABILITY CO. T n T Cleaning Construction LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION 1	FOR FLORIDALIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
T n T Cleaning (	Construction LLC
(Must end with the words 'Lin	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4525 DECLARATION DRIVE	4525 DECLARATION DRIVE
KISSIMMEE, FLORIDA 34746	KISSIMMEE, FLORIDA 34746
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	own Registered Agent. You must designate an individual or
The name and the Florida street address of the regis	stered agent are:
ANTONIA VAZQUEZ	Z-ZUNIGA
1	Name
4525 DECLARATIO	N DRIVE
Florida street address (P.C	D. Box NOT acceptable)
KISSIMMEE	FL 34746
City	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)

ANTONIA VAZQUEZ-ZUNIGA

(CONTINUED)

Page 1 of 2

H17000063999

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Signature of a n (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this documen under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  ANTONIA VAZQUEZ  Typed or printed name of signee
Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  ANTONIA VAZQUEZ
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REQUIRED SIGNATURE:	
DECLIDED SIGNATURE	
E VI: Other provisions, if any.	
E VI: Other provisions, if any.	•
f filing.)	
ective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
(Use attachment if necessary)	
	KISSIMMEE, FLORIDA 34746
ANIDIX	4525 DECLARATION DRIVE
AMBR	KISSIMMEE, FLORIDA 34746  ANGELA ROUSE
7 411101	4525 DECLARATION DRIVE
AMBR	MONICA ROUSE
	KISSIMMEE, FLORIDA 34746
	ANTONIA VAZQUEZ  4525 DECLARATION DRIVE
"MGR" = Manager AMBR	