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PICK-UP	WAIT	☐ MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	
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## COVER LETTER

34,

TO: New Filing Section Division of Corporations	29,
SUBJECT: LAN CICANING	Service LLC
	gnea statemy company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
KC Starks	
	Name of Person
LAN Cleaning	Service LLC Firm/Company
1420 NW 5	7th avenue
	Address
Ocala, FL	34482 City/State and Zip Code
<u>tanaeaning 20</u>	13 as gmail. Com
E-mail address: (te/ be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
KC Struks at ( )	352 <u>361-4728</u> rea Code Daytime Telephone Number
ivalite of Felson A	rea code Dayinic receptione Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
LAN Cleaning	Service LLC
(Must contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1420 NILL 57th ave	1420 NW 57th ave

ARTICLE I - Name:

Ocala, FL SUMY2	<u>Cce19</u>	1 FL 34486	<del>}</del>	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.	Registered Agent. You mus		ıal or	
The name and the Florida street address of the registered a			TALLA	e milyid. U
<u> KCS</u>	Name TOURS		Y 15 I	galleri garalas garanas
1420 NU Florida street address	P.O. Box <u>NOT</u> acceptable	(e)	EFLO EFLO	Pile
<u>Ocala</u>	FL State	34482 zip	RIDA	

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..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	1420 NW 57 TOVE OCOLO, FL 24182
MGK	
n effective date is listed, the date must be date of filing.)	
FICLE V: Effective date, if other than the one of the filling.)	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed
FICLE V: Effective date, if other than the on effective date is listed, the date must be date of filing.)  ie: If the date inserted in this block does not document's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed tent of State's records.
FICLE V: Effective date, if other than the on effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Departm  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  X  Signature of a This document is ex I am aware that any constitutes a third details in the content of the con	a member or an authorized representative of a member. The secuted in accordance with section 605.0203 (1) (b), Florida Saines. false information submitted in a document to the Department of State.
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