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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: By's Home Cleaning and Repair Servi
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bridget Y. Jefferson Name of Person
BJ's Home Cleaning and Repair Serv
1914 Frank-Ford Ave. Apt 1122
Panamer City F/ 32405 Suggas. 77@ anail.com
G-nail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Bridget V. Jeffer 850, 691-9178 Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 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

	DUS Cleaning and	nepun	<u> </u>	
	(Must contain the words "Limited Liability Co	mpany, "L.L.C.," or "LI	.C.")	
	CLE II - Address:			
The m	ailing address and street address of the principal office of the	Limited Liability Compa	ny is:	
	Principal Office Address:	<u>Maili</u>	ng Address:	
	1914 Frankford Ave.	4 (same)	
	3400mg City FL 32405			
	tanama City Pl. 3240			
	· · · · · · · · · · · · · · · · · · ·			

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bridget Jofferson

Name

1914 Frankford Ave. Apt 1122

Florida street address (P.O. Box NOT acceptable)

Panama City F1. 32405

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' Signature (REQUIRED)

(CONTINUED)

ALANDERS OF SORPORATIONS

The name and address of each person authorized	d to manage and control the Limited Liability Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Bobby Jennings 1914 Frankford the Apt. 112. Panama City Fl. 32405	
	Tyeisha Jefferson 19114 Frankford Ave. Apt 1122 Pandma City Fl. 32405	
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:		
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE: Bridget	Lether	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)