

L17000135519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

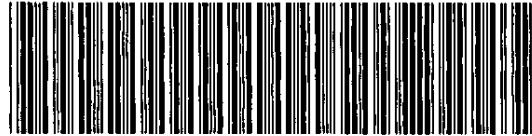
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/12/17--01024--005 **125.00

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17 JUN 21 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L17000135519

Phone:
Fax: 7866225872

Fax

To: Juan A Reyes

From: Rosa Ducoqueler

Fax: 8502456804

Pages: 3

Re: Ref # L14000156435

Date: June 21, 2017

Enclosed, please find affidavit re: Intention Not to Reinstate to Release Name of Entity regarding letter # 717A00011879

RECEIVED

17 JUN 21 PM 12:45

CLERK OF SUPERIOR COURT
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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17 JUN 21 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Affidavit

Date June 20, 2017

Attention To: Juan A Reyes


From: Rosa Ducosquier

Re: Letter of Intention Not to Reinstate / (Ref Number L14000156435)

Rosa Ducosquier, MGR and Owner of Ducosquier Cleaning Services LLC (Ref Number L14000156435) has no intention and will not be reinstating the above referenced entity and hereby releases the name of this entity to be used for another entity.

Kindly proceed with the filing for Duscoquier Cleaning Services LLC (Ref Number W17000049359) as a new entity.

Cordially,



Rosa Duscoquier

06-20-17

Date

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Ducosquier Cleaning Services LLC
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:

Rosa Ducosquier

Name of Person

Ducosquier Cleaning Services LLC

Firm/Company

4921 SW 102 CT

Address

Miami, FL 33165

City/State and Zip Code

ducosquierrosa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Ducosquier

786

622-5872

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ducosquier Cleaning Services 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:

4921 SW 102 CT
Miami, FL 33165

Mailing Address:

4921 SW 102 CT
Miami, FL 33165

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:

Rosa Ducosquier

Name

4921 SW 102 CT

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

Miami

FL

33165

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Rosa Ducosquier

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Rosa Ducosquier

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)

\$ 5.00 Certificate of Status (Optional)

FILED
17 JUN 21 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA