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PICK-UP WAIT MAIL
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OCT 1 6 2017

T. SCOTT



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10/16/17--01005--006 **130.00



To whom it may concern I, Exica Gardien have no intentions to Rewke Dissolution and I am the owner of old LIC & and I am the owner of old LIC & would like to start new LIC w/same name. Thanks Dicaf of 16-17

TO: New Filing Section Division of Corporations
SUBJECT: GARANER'S EXTREME CLEANING LCC 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:
Erica L. Gardner
Gardner's Extreme Cleaning Lice
203 Loraine Court
Tallahassee Fr 32305
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Erica 6 322-833/
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) S160.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLE II - Address: The mailing address and street address of	S EXTR	Pme Cleaning	·LLC
ARTICLE II - Address: The mailing address and street address of	S EXTR	Pme Cleaning	·LLC
RTICLE II - Address: he mailing address and street address of		Company, "L.L.C.," or "L.L.C.")	·LLC
RTICLE II - Address: he mailing address and street address of		Company, "L.E.C.," or "LEC.")	
he mailing address and street address of			
he mailing address and street address of			
Deinging Office	the principal office of th	ne Limited Liability Company is:	
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Principal Office	Address:	Mailing Addre	
\$03 Loraine	Lour 1	203 Loraine	Celles
Talla FL 3230	5	Tallahassi	<u> </u>
			
nother business entity with an active Flo The name and the Florida street address of	of the registered agent ar	Gardnen Lact	
2	3 Lorane	c Coret_	
Flori	da street address (P.O. E	Box NOT acceptable)	
	14 17	32.305 Zip	
<u> 14</u>	19 10	7:-	
	City St	ate Zip	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MARY Additional Annager	Erica Loraine Carelle 203 Loraine Cayel Tune 12 32303
<u> </u>	
	
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