L18000027148

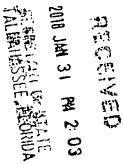
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #/	<u> </u>
`		
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
,	, ,	
(Da	aumant Number)	
(DC	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	3	

Office Use Only



900308608879

01/31/18--01007--007 **160.00



D O'KETTE JAN 31 2010 2010 JAN 31 PM 2: 18

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: White as Snow Cleaning Name of Limited Liability Co	a Move UC
The enclosed Articles of Organization and fee(s) are submitted for fi	ling.
Please return all correspondence concerning this matter to the follow	ng:
Ashanti Snow	
Name of Perso	
Firm/Compan	
3539 Apalachee Parkway	C-230
Tallahassee, Floric	ta 32311
City/State and Zip White as Show Cleahing Cin E-mail address: (to be used for future annual	ail.com
For further information concerning this matter, please call:	
AShandi Snow at (850) S Name of Person Area Code Da	100-203 ylime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional cop.)	Certificate of Status &
New Filing Section New I	Address
	on of Corporations n Building
Tallahassee, FL 32314 2661	Executive Center Circle

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Company)	EMore LLC L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	blity Company is:
Principal Office Address: 3539 Apalachel Pay Lway Tallahassee, FL 3231 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)	Mailing Address: Apalachec Parkway C 1-230 ANASSEE, F1. 32311 Signature: I must designate an individual or
The name and the Florida street address of the registered agent are: ASTANTI Show Name	NO OPER GROUP (L
3539 Apalachee Parka Florida street address (P.O. Box NOT acce	vay C-230
Tailahassee FL 32 City State	311
Having been named as registered agent and to accept service of process for the al- place designated in this certificate. I hereby accept the appointment as registered further agree to comply with the provisions of all statutes relating to the proper ar- am familiar with and accept the obligations of my position as registered agent as j	agent and agree to act in this capacity. I ad complete performance of my duties, and l

(CONTINUED)

B JAN 31 PM 2: 11

Title:	Name and Address:		
"AMBR" = Authorized Member		* 5.	क्षात्रः ।वस्त
"MGR" = Manager MG R	Ashanti Snow	1 am	
	3539 Apalachee Harkwa	<u>y</u> C-720	
	- 10110170 SEE, PL. 32311		
			
			
			•
			
			
(Use attachment if necessary)			
CLE V: Effective date, if other than the date of fi	ng: 1/37/30/8 (OPTIONAL)		
ite of filing.) 11 the date inserted in this block does not meet	he applicable statutory filing requirements, this date w		
ite of filing.) If the date inserted in this block does not meet becament's effective date on the Department of States.	he applicable statutory filing requirements, this date w		
ite of filing.) If the date inserted in this block does not meet	he applicable statutory filing requirements, this date w	ill not be listed a	1\$
te of filing.) If the date inserted in this block does not meet ocument's effective date on the Department of S	he applicable statutory filing requirements, this date w	ill not be listed a	18
te of filing.) If the date inserted in this block does not meet cument's effective date on the Department of State VI; Other provisions, if any.	he applicable statutory filing requirements, this date w	ill not be listed a	18
te of filing.) If the date inserted in this block does not meet becoment's effective date on the Department of States.	he applicable statutory filing requirements, this date w	ill not be listed a	1\$
e of filing.) If the date inserted in this block does not meet cument's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date we state it is records.	ill not be listed a	18
e of filing.) If the date inserted in this block does not meet cument's effective date on the Department of State VI; Other provisions, if any. REOURED SIGNATURE:	the applicable statutory filing requirements, this date we state is records.	ill not be listed a	1\$
REOUIRED SIGNATURE: Signature of a memb This document is executed.	tiling requirements, this date we te's records. To an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Sta	ill not be listed a	18
REOURED SIGNATURE: Signature of a memb This document is executed in aware that any false inf	the applicable statutory filing requirements, this date we state is records.	ill not be listed a	18
te of filing.) If the date inserted in this block does not meet ocument's effective date on the Department of State VI: Other provisions, if any. REOURED SIGNATURE: Signature of a memb This document is executed in a manuare that any false information.	r or an authorized representative of a member. accordance with syction 605.0203 (1) (b), Florida Starmation submitted in a document to the Department of	ill not be listed a	1\$
REOUIRED SIGNATURE: Signature of a memb This document is executed in aware that any false inf constitutes a third degree fel	r or an authorized representative of a member. accordance with syction 605.0203 (1) (b), Florida Starmation submitted in a document to the Department of	ill not be listed a	18
REOUIRED SIGNATURE: Signature of a memb This document is executed in aware that any false inf constitutes a third degree fel	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Starmation submitted in a document to the Department of my as provided for in s.817.155, F.S.	ill not be listed a	18
REOURED SIGNATURE: Signature of a memb This document is executed in aware that any false inf constitutes a third degree fell. S125.00 Filing Fee for Articles of Organ	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Starmation submitted in a document to the Department of my as provided for in s.817.155, F.S.	tutes.	1\$
REOURED SIGNATURE: Signature of a memb This document is executed it am aware that any false inf constitutes a third degree fel \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Starmation submitted in a document to the Department of my as provided for in s.817.155, F.S.	tutes.	1\$
REOURED SIGNATURE: Signature of a memb This document is executed in aware that any false inf constitutes a third degree fell. \$125.00 Filing Fee for Articles of Organ	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Starmation submitted in a document to the Department of my as provided for in s.817.155, F.S.	tutes.	1\$
REOURED SIGNATURE: Signature of a memb This document is executed in aware that any false inf constitutes a third degree fel \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Starmation submitted in a document to the Department of my as provided for in s.817.155, F.S.	ill not be listed a	18