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4/13/2018

Division of Corporations



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(((H18000117329 3)))



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To:		
	Division of Co	rporations
	Fax Number	: (850)617-6381
From:		
	Account Name	: BUSINESS FILINGS
	Account Number	: 105256001620
	Phone	: (608)827-5300
	Fax Number	. (608)827-5501
**Enter	the email addres	s for this business entity to be used for f
		ngs. Enter only one email address please.**

Email Address: ------

RECEIVED PH 12: 2018 APR 13 FLORIDA LIMITED LIABILITY CO. Maid for Mom LLC 2018 APR 13 Certificate of Status 0 Certified Copy 1 E E D Page Count 03 Pi \$155.00 Estimated Charge ••• С С

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APR 1 5 2018

FAX AUDIT #	H180001173293	tt	•	:
	ARTICLES OF ORGANIZATION OF Maid for Mom LLC		FT 11 2018 APR SECRETA	
ARTICLE I	NAME			
The name of the limited liability company is: Maid for Mom LLC				
ARTICLE II	ADDRESS		:50	
The principal place	of business and mailing address of this Limited Liab	oility Company s	hall be:	

The principal place of business and mailing address of this Limited Liability Company shall be 1193 SE Port St Lucie Blvd #140, Port St Lucie, Florida 34952.

## ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Muhl

Mark Williams, A.V.P. Business Filings Incorporated

Signature:

Date: April 12, 2018

## ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: Clay Sword, 1193 SE Port St Lucie Blvd #140, Port St Lucie, Florida 34952

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## ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Clay Sword, Organizer

Date: April 13, 2018

Authorized Representative

FAX AUDIT # \_\_\_\_\_

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. 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.)

FAX AUDIT # \_\_\_\_\_\_ H180001173293