

L18000/80 555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

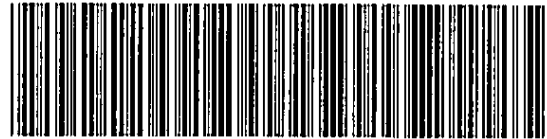
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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18 JUL 20 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE

JUL 27 2018

W18-46662



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2018

KIM MCCRIMAGER  
3355 STILLMAN ST  
JACKSONVILLE, FL 32207

SUBJECT: D&K CLEANING SERVICE, LLC  
Ref. Number: W18000046662

We have received your document for D&K CLEANING SERVICE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 518A00013109

2018 JUL 20 PM 2:40  
RECEIVED  
CORPORATION  
COMMERCIAL  
SERVICES

18 JUL 20 AM 9:22  
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TALLAHASSEE, FLORIDA

5/7/18

Document # L16000043175

To Whom It May Concern:

I, Kim McCrimager, the owner of D&K cleaning service, LLC have no intentions of reinstating this company. Enclosed are the filing fee and certificate of status fee. Can you please re-submit a new filing with the same business name? Should you have any questions or concerns, I can be reached at 904-800-9572.

Thanks in advance,

  
Kim McCrimager

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: D&K cleaning Service, 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:

Kim McCrimager  
Name of Person

D&K cleaning Service, LLC  
Firm/Company

3355 Stillman St  
Address

Jacksonville, FL 32207  
City/State and Zip Code

Kimccrim@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim McCrimager at (904) 365-3014  
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 *# already paid*  
☐ \$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:

D&K Cleaning Service, 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:

3355 Stillman St, Jax, FL 32207

Mailing Address:

3355 Stillman St, Jax, FL 32207

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:

Kim McCreager  
Name

3355 Stillman St

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

Jax, FL 32207

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.

Kim McCreager  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Kim McEnmager - 3355 Stillman St  
JAX FL 32207

(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.

Kim McEnmager

Typed or printed name of signer

**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)

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