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COVER LETTER

	Filing Section tion of Corporations	· .
SUBJECT: _		SERVICE LLC mited Liability Company
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.
	all correspondence concerning this n	
_	Jeffrey Jermain Benj	
		Name of Person
_	821 Kendall Drive	· · · · · · · · · · · · · · · · · · ·
_	Tallahassee Florida	32301
	Tallahassee, Florida	Address 32301
		City/State and Zip Code Oynhoo.com
For further info	E-mail address: (to be use rmation concerning this matter, plea	d for future annual report notification) se call:
	effrey J. Benjamin at (050 3CD CDC2
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount: g Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Renii's Cle	aning Service "LLG."		
<u> </u>	in the words "Limited Liability Cor	mpany, "L.L.C" or "LLC.")	-
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the I	.imited Liability Company is:	,
<u>Principa</u>	Office Address:	Mailing Address:	
<u>Tallahassee</u> ,	Florida 32301		- - -
		•	2018 AUG 3
The name and the Florida street address of the registered agent are:			16 3 F F F
	Wayne Harris Johnso	n	SE
	Name		
	956 Beaver Creek W	lay	1000

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.

City

Florida street address (P.O. Box <u>NOT</u> acceptable) **Tallahassee**, **Florida 32301**

State

(CONTINUED)

Zip

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;	
"MGR" = Manager	MARYUE HAMASS J. Murin 456 BEAUGE CARRY VIAG TA-HAMASSKK, Flor da 32301	
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
If an effective date is listed, the date must be speci be date of filing.)	'filing:	
REOUIRED SIGNATURE:	2	
1/2-	2018	
This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.	
Jeffrey	Jermain Benjamin	
	Typed or printed name of signee	
	Filing Fees:	
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional	nization and Designation of Registered Agent	

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

ARTICLE IV-