## 18000256129

(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



200320305512

11/01/18--01008--005 ++160.00

**TO A C** 

TE NOV - 1 AM 9: 4

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Shine Bright Dry Carpet Cleaning 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:
Alexander Ness Name of Person
Name of Person
Shine Bright Dry Carpet Cleaning LLC
9702 NW 7th Circle #1128 Address
Plantation, FL 33324 City/State and Zip Code
Alex Ness Fitness@ Gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexander Ness at (954) 471-0676  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$155.00 Filing Fee & \text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{Certified Copy}\$\$ (additional copy is enclosed)
Mailing Address Street Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:						
	+ Dry Carpe	+ Cleanin	g LL LC.")	<u></u>		
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Lim	nited Liability Com	pany is:			
Principal Office Addi	<u>геss</u> :	<u>Ma</u>	iling Addre	<u>ss</u> :		
Plantation, FL 33	ircle	9702 No #1128	on, Fl	Ciccle 3732	<u>8</u>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida r	as its own Registered Age	Agent's Signature ent. You must desig	: gnate an indi	ividual or		
Florida stre  Florida stre  Plan  Co  Having been named as registered agent and to accept to the complex of the control of the	Name  Name	CICLE +  DT acceptable)  3 3 3 3  Zip  or the above stated I istered agent and agoper and complete	imited liabilingree to act in performance	this capac of my duti	city. I	
ım familiar with and accept the obligations of my	Registered Agent's Si	len-		003, F.S		
	(CONTINUI	ED)		BEUND AND OF STATE	18 NOV -1 AM 9: 46	HAISTON 12 CLEANAVION

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Alexander Ness
	9702 NW 7th Circle #1128
	Plantation, El 33324
MGR	Alexander Ness
	9702 NW 7th Girde #1128
АМВП	Lacy Ness
	9702 NW 7th Circle #1128
	Plantation El 33324
(Use attachment if necessary)	
•	
CLE V: Effective date, if other than the d	ate of filing: January 1, 2019 (OPTIONAL)
affective date is listed the date must be	specific and cannot be more than five business days prior to or 90 days a
te of filing.)	specific and cannot be more than the basiness days prior to or you days
	ot meet the applicable statutory filing requirements, this date will not be list
cument's effective date on the Department	
, in the second	into i state 3 records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	. M
A $A$	la vada III
Signature of a	member or an authorized representative of a member.
This document is exc	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes 💆
	alse information submitted in a document to the Department of State
^	
	exander Ness 1 3
	Typed or printed name of signee
6125 00 Elling For for Antidon of	Etito - Page 🙃 🙃
5125.00 Filing ree for Articles of	Etito - Page 🙃 🙃
\$ 30.00 Certified Copy (Optional	Filing Fees: Organization and Designation of Registered Agent

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