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| (Re | equestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DEC 11 2018

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: D&S Cleaning Services Name of Jimited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Stephanio Frazier Name of Person |
| · · · · · · · · · · · · · · · · · · · |
| Firm/Company |
| 1204 Forbes Street |
| Green Cove Springs 71 32043 SKF302911 Q City/Stake and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Stephanie Traztora 904 4004792 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) |
| Mailing Address |

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



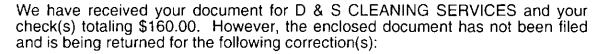
FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2018

STEPHANIE FRAZIER 1204 FORBES STREET GREEN COVER SPRINGS, FL 32043

SUBJECT: D & S CLEANING SERVICES

Ref. Number: W18000098609



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

You must complete ARTICLE III and the Registered Agents must sing.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 018A00023255

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

| The name of the Limited Liability Company is: | | | |
|--|----------|------------|--|
| (Must contain the word "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: Mailing Address: | | | |
| 1204 Forbes Street | | | |
| Green Love Springs 41 32043 | | | |
| 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.) | <u> </u> | 201 | |
| The name and the Florida street address of the registered agent are: Stephanie Fvezier | CREIAR | 2018 DEC 1 | |
| 1204 Forbes Street Florida street address (P.O. Box NOT acceptable) | 3 | PH 3: | |
| Green Core Springs 74 52643 City State Zip | | : 27 | |
| | | | |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE V: 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. Natic CEV: Other provisions, if any.

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.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE: /

\$ 5.00 Certificate of Status (Optional)