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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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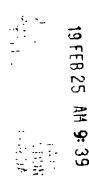
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02/25/19--01007--002 **190.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TAMBET 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:
Tamara Highsmith
Name of Person
45 Allen Harvey St.
Ctawfordville Fl. 32327 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tamara Highsmth B50-, 212-1949 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address New Filing Section Sew 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	me	- Namo	I -	, t.	IC, I	кп	Λ
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The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,"

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
45 Allen Harvey St.	Same
(rawtordule, +1. 32327	3-3-7-0

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.)

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 (REOURED)

(CONTINUED)

2019 FEB 25 AH 9: 44

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	_	
AMBR	Tamara Highsontin	-	
		 	
·		<u>-</u> 	
(Use attachment if necessary)	2/2-/10		
ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will	-	
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ARTICLE IV-