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2019 APR -4 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FL

J. FASON

APR 15 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Exceptional Clean by Nikki  
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:

Nicole Gonzalez  
Name of Person

Exceptional Clean by Nikki  
Firm/Company

1612 N.E. 25<sup>th</sup> Ave lot 31  
Address

Ocala FL 34470  
City/State and Zip Code

nicoleforsythe21@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Gonzalez at ( 352 ) 216-5688  
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    ☐ \$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:

Exceptional Clean by Nikki 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:

1612 N.E. 25<sup>th</sup> Ave  
10+ 31  
Ocala FL. 34470

Mailing Address:

1612 N.E. 25<sup>th</sup> Ave  
10+ 31  
Ocala FL. 34470

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:

Nicole Gonzalez  
Name  
1612 N.E. 25<sup>th</sup> Ave 10+31  
Florida street address (P.O. Box **NOT** acceptable)  
Ocala FL. 34470  
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..*

Nicole Gonzalez  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2019 APR -4 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

