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(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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2019 APR -4 PM 3: 5% SECRETARY OF STATE

J. FASON APR 1 5 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 Willi
1612 N.E. 25th Ave 10+ 31
Ocala FL. 34470 City/State and Zip Code Cicole For Sylhe 116 amail Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Т	Ē	C	L.	F.	Ī	_	N	я	m	e	•

The name of the Limited Liability Company is:

Exceptional Clean by Willi LL.C.
(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:	Mailing Address:
1612 N.E. 25th Ave	1612 N.E. 25th Ave
10+31	10+ 31
Mara FL. 34470	0000 FL 34420

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:

NiCile Gonzalez

Name

1612 N. E. 25th Aue 10+31

Florida street address (P.O. Box NOT acceptable)

Cala TL. 34470

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 (REQUIRAD)

(CONTINUED)

PILED
2019 APR - 4 PM 3: 56
SECRL TARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Dicole Gonzalez 1612 N.S. 25# Ave 10131 OCGOG FL. 34470
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filing.)	of filing: 3-28-19 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as f State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
<u> </u>	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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)