L19000118864

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ddress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

BALME

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To WASSE TWO

2813 HAY - 9 PH 3: 44 INVISENCE CONTRACTORS

19 MAY -9 PH 3: 35

COVER LETTER

| TO: New Filing Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: SylviA Lewis Cleanse Name of Limited Lial | nc, Serv. L.LC billity Company | | | |
| The enclosed Articles of Organization and feets) are submitt | ed for tiling. | | | |
| Please return all correspondence concerning this matter to th | e following: | | | |
| Sylvia Lewis | | | | |
| Name of Person | | | | |
| | | | | |
| | | | | |
| 1111 Tanner Dr | dress | | | |
| Sylu/ADivic 196206 me | and Zip Code all, Com e annual report notification) | | | |
| For further information concerning this matter, please call: | | | | |
| Sylvia Dixle at (850) Name of Person Area Code |) 408-003 Daytime Telephone Number | | | |
| Enclosed is a check for the following amount: | | | | |
| | 5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Address | Street Address | | | |
| New Filing Section Division of Corporations | New Filing Section Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, Ft. 32314 | Clifton Building 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

| ARTICLE II - Address: The mailing address and street address of the principal office of the | e Limited Liability Company is: |
|--|---|
| Principal Office Address: | Mailing Address: Post OFTice Box 10105 Tallahassee, Fr. 32302 |
| ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.) | ered Agent's Signature: d Agent. You must designate an individual or |
| The name and the Florida street address of the registered agent are | :: ! |
| Horida street address (P.O. Bo | ox NOT acceptable) |

SylviA Lewis Cleaning Sew. Limited Liability Company (Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")

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 statutos 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| Title: "AMBR" = Authorized Member | Name and Address: | | |
|---|--|----------------|-----------------|
| "MGR" = Manager | | | |
| Sylvia Dixia MGR | IIII Tanner Dr. | | |
| 1 | | | |
| | | - 1 | |
| | | | |
| | | | |
| (Use attachment if necessary) | 1. | | |
| RTICLE V: Effective date, if other than the date o | ffiling: / //[(OPTIONAL | 1 | |
| f an effective date is listed, the date must be spec e date of filing.) ote: If the date inserted in this block does not me | rific and cannot be more than five business days prior to set the applicable statutory filing requirements, this date v | o or 90 da | - |
| f an effective date is listed, the date must be spece date of filing.) [ote: If the date inserted in this block does not me the document's effective date on the Department of | ific and cannot be more than five business days prior to get the applicable statutory filing requirements, this date w | o or 90 da | - |
| f an effective date is listed, the date must be spece date of filing.) [ote: If the date inserted in this block does not me the document's effective date on the Department of | ific and cannot be more than five business days prior to get the applicable statutory filing requirements, this date w | o or 90 da | - |
| f an effective date is listed, the date must be spece date of filing.) ote: If the date inserted in this block does not me the document's effective date on the Department of | ific and cannot be more than five business days prior to get the applicable statutory filing requirements, this date w | o or 90 da | - |
| ran effective date is listed, the date must be spece date of filing.) [ote: If the date inserted in this block does not me be document's effective date on the Department of RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is execute 1 am aware that any false in the second content of the second content is executed. | refice and cannot be more than five business days prior to the applicable statutory filing requirements, this date of State's records. There or an authorized representative of a member, d in accordance with section 605.0203 (1) (b). Florida Statioformation submitted in a document to the Department of | o or 90 da | : listed a |
| ran effective date is listed, the date must be spece date of filing.) ote: If the date inserted in this block does not me document's effective date on the Department of RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is execute 1 am aware that any false is constitutes a third degree | eet the applicable statutory filing requirements, this date of State's records. Therefore an authorized representative of a member of in accordance with section 605.0203 (1) (b). Florida State information submitted in a document to the Department of felony as provided for in s.817.155, F.S. | o or 90 da | · · listed a |
| REQUIRED SIGNATURE: REQUIRED SIGNATURE: Signature of a men This document is execute 1 am aware that any false i constitutes a third degree SULO A. T. | refice and cannot be more than five business days prior to the applicable statutory filing requirements, this date of State's records. There or an authorized representative of a member, d in accordance with section 605.0203 (1) (b). Florida Statioformation submitted in a document to the Department of | o or 90 da | - |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)