

L19000148046

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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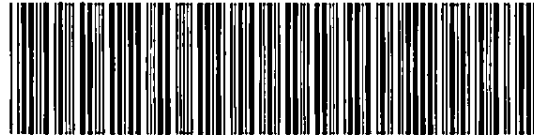
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 13 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: XIOM CLEANING SOLUTIONS 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:

Sylvia C Presley
Name of Person
SC Presley & Co. Inc
Firm/Company
250 S Ronald Reagan Blvd #100
Address
Longwood, FL 32750-5466
City/State and Zip Code
JASON.MUNOZ@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvia C Presley 407 331-7665
at ()
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
FOR
XIOM CLEANING SOLUTIONS LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

XIOM CLEANING SOLUTIONS LLC

ARTICLE II

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE III - ADDRESS

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

**PO BOX 196683
WINTER SPRINGS, FL 32719-6683**

and the street address of the Limited Liability Company is:

**603 ALTON RD
WINTER SPRINGS, FL 32708**

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

**JASON A MUNOZ
603 ALTON RD
WINTER SPRINGS, FL 32708**

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TALLAHASSEE, FLORIDA

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 608, F.S..



JASON A MUNOZ, REGISTERED AGENT

ARTICLE V – MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Title

Name and Address

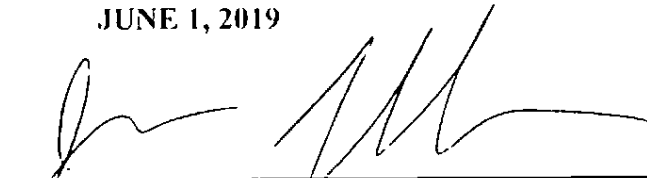
MANAGING MEMBER

JASON A MUNOZ

ARTICLE VI – EFFECTIVE DATE OF FLORIDA LIMITED LIABILITY COMPANY

The effective date of the Florida Limited Liability Company is:

JUNE 1, 2019



JASON A MUNOZ, REGISTERED AGENT

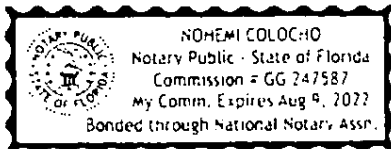
STATE OF FLORIDA


COUNTY OF SEMINOLE

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth, personally appeared **JASON A MUNOZ**, known to me and known to me to be the person who executed the foregoing Articles of Organization for a Florida Limited Liability Company, and he acknowledged before me that he executed those Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 30th day of **MAY 2019**.

(seal)





NOTARY PUBLIC

My Commission Expires August 9, 2022

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