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(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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RECEIVED

J. FASON JUN 20 2019

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Cathy's Custom Cleaning L.C. 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:
Helen Cotherine Green Name of Person
2300 Bluff Oak Way Apt. 4105
Tallahassee, Florida 32311
City/State and Zip Code Cotty: Saba 16 O Ch Vai Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Helanc. Green at 850 544-6227 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Catty's Custom (Car (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 Lie	ability Company is:
Principal Office Address:	Mailing Address:
1300 Bluff DAK Way Apt 4105 Tallahasself-Torida 32311	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent, You another business entity with an active Florida registration.)	s Signature: u must designate an individual or
The name and the Florida street address of the registered agent are:	2n 1 Apt 4105 eptable) 323 11 Zip
Having been named as registered agent and to accept service of process for the a place designated in this certificate. I hereby accept the appointment as registered further agree to comply with the provisions of all statutes relating to the proper a am familiar with and accept the obligations of my position as registered agent as	agent and agree to act in this capacity. I nd complete performance of my duties, and I
Registered Agent's Signatur (CONTINUED)	e (REQUIRED)
	13

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Helen C. Green 2300 Bluff DAR WAY Apt. 41. Tallahassee, Florida 2231,
(Use attachment if necessary)	1) 0) 000
effective date is listed, the date must be speci te of filing.) If the date inserted in this block does not me	ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as
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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)