

6/27/2019

4900011607-09
Division of Corporations
Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000199992 3)))



H190001999923ABCG

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
A.B. CLEANING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2019 JUN 27 PM 4:38

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUN 27 AM 7:44

FILED

(((H19000199992 3)))

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

A.B. CLEANING, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE
LIMITED LIABILITY COMPANY IS:

11267 OLD SQUAW AVENUE
WEEKI WACHEE, FLORIDA 34814

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF
THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

ANDREW S. BROWN
11267 OLD SQUAW AVENUE
WEEKI WACHEE, FLORIDA 34814

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, FLORIDA STATUTES.

DATED: 27 Jun 19

x. Andrew S. Brown
ANDREW S. BROWN

FILED
2019 JUN 27 AM 14
TALLAHASSEE, FL
SECRETARY OF STATE

(((H19000199992 3)))

(((H19000199992 3)))

ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS
AS FOLLOWS:

MANAGER/MEMBER: ANDREW S. BROWN.
 11267 OLD SQUAW AVENUE
 WEEKI WACHEE, FLORIDA 34614

DATED: 27 Jun 19

x Andrew S Brown
ANDREW S. BROWN

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

(((H19000199992 3)))