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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT. Pena's Cleaning Services LLC. Name of Limited Embility Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sosue Daniel Pena Name of Person
· · · · · · · · · · · · · · · · · · ·
3075 Sycamore Ro
Quincy FL 32351 City/State and Zip Code
Sosie P-P100@ hotmail. 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

_ Venci 5 s (_leaning	ry Company, "L.L.C." or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3075 Sycomore RX	3075 Sycamore Rd

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sosue Daniel Pena
Name

3075 Sy Camors Ro

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

Quincy FL 32351

City State Zip

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 (REQUIRED)

(CONTINUED)

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	The name and address of each person auti	horized to manage and control the Limited Liability Company:
	Title:	Name and Address:
	"AMBR" = Authorized Member	
	"MGR" = Manager Manager	Some Daniel Pena
	<i>3_Cana</i>	3075 Sycamuce Ro
		Quincy FL 32351
		
		
	(I for ottock room if or or one)	
	(Use attachment if necessary)	
ARTIC	TLE V: Effective date, if other than the date	of tiling: (OPTIONAL)
lf an e	ffective date is listed, the date must be spe	ecific and cannot be more than five business days prior to or 90 days after
	e of filing.)	
	turnent's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as
ine doc	tunem 3 effective date of the Department	of thate a records.
ARTIC	TLE VI: Other provisions, if any.	
		
	REQUIRED SIGNATURE:	
	- dry	
	Signature of a me	mber or an authorized representative of a member.
	This document is execut	ed in accordance with section 605.0203 (1) (b). Florida Statutes.
	I am aware that any false	information submitted in a document to the Department of State
	constitutes a third degree	e felony as provided for in s.817.155, F.S.
		Daniel Kency
		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)