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COVERLETTER

TO:

New Filing Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: EVERS FAITH Name of Limited Li	17 CLEANING SERVICE LLL
The enclosed Articles of Organization and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to the second se	EVERS e of Person
9904 Flower	George HWY
,	32333 ddress
Will 95717 g MC E-mail address: (to be used for fute	e and Zip Code L'/ Com ire annual report notification)
For further information concerning this matter, please call:	
W. Want EVERS at (850) Name of Person Area Coo	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Co	55.00 Filing Fee & S160.00 Filing Fee. Certified Copy tional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EVERS FAITH 17 CLEAN ENC SERVICE U. (Nust 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 Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
9904 FYGA HWY	SAME
HAUANA, Ft. 32333	

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:

| DOBO | DOD |
| Name |
| SOL SW | 15+k | |
| Florida street address (Not Bos NOT acceptable) |
| Ultra Will P | 37 60 |

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..

Registe ed Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STAIR

Title: "AMBR" = Authorized Member "MGR" = Manager MGMAMOR MGMAMOR MGMAMOR LAVERNE EVER S 904 FL/GR HWY HWWAMA, FL. 32333 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e date of filing.) one: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ate deduction in service date in accordance with section 60.203 (1) (b), Florida Statutes. RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 60.203 (1) (b), Florida Statutes. Lam aware that any false information submitted in a document to the Department of State constitutes a third legrey felony as provided for in 8.17,155, F.S. Typed or printed name of signee	The name and address of each person at	athorized to manage and control the Limited Liability Company:
WGMAMBL LAVERNE EVERS 904 FL/GR HWY HAVANA FL. 32333 (Use attachment if necessary) RETICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e date of filing.) for effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the document's effective date on the Department of State's records. RETICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. Lan aware that any false information submitted in a document to the Department of State constitutes a third Legree felony as provided for in s.817.155. F.S.		Name and Address:
MGR/AMBR LAVENCE EVERS 9904 FL/GR HW/ HWANN F1. 32333 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (and it is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e date of filing.) (other: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed are document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed 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 feeting etony as provided for in s.N.17.155, F.S.		
WERFAMBL AVERNE EVERS 970 4 FU/CR HW HOW A, FL 32333	"MGR" = Manager	9ALILIAM EVEVS
WERFAMBL AVERNE EVERS 970 4 FU/CR HW HOW A, FL 32333		9904 FIRE HWY
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William Evers Expedient printed name of signer	constitutes a third Legre	ee felony as provided for in s.817.155, F.S.
Typed or printed name of signer	/A F. 1 /	Sand Furns
		Typed or printed name of signer

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)