## L19000216081

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Southern Manager)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

CEP 03 CE



800334007818

09/03/19--01002--018 \*\*180.00

19 SEP -3 附色:山

2019 SEP -3 PM IZ: 58

## COVERLETTER

TO: New Filing Sec			
Division of Cor	porations	1 L. m. lo	
For L	Loud 2 Tran Almale	ultimate Sevi	it è
SUBJECT: 1 11 CT	Parts 3 TWO Airgels Name of Limited L	iability Company	
		, , ,	
The enclosed Articles of	Organization and fee(s) are subm	itted for filing.	
Please return all correspondence	ondence concerning this matter to	the following:	
$\tau$	سام باسات مال	els - Head	
<u>L</u>	<u>anielle Eduar</u>	ne of Person	
	, (44)		
		<del> </del>	
		. 1	
	2074 Midyetle	RJ# 121	
	<del>/// / / /////////////////////////////</del>	Address	<del></del>
_		1	
	Tallahasset	FL 32301	
	City/St	ate and Zip Code	
	EdwardsDT56.	Canally (un)	
	E-mail address: (to be used for fu	ture annual report notification	n)
For further information of	oncerning this matter, please call:		
	······································		
Danco	toward on 40	1 458 3511	
	ne of Person Area C		Number
Enclosed is a check for	the following amount:		
	\	\$155.00) Filing Fee &	\$160.00 Filing Fee.
\$125.00 Filing Fee		Certified Copy	Certificate of Status &
•		lditional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
	ing Address	Street Address New Filing Section	
	Filing Section sion of Corporations	Division of Corporati	uns
	Box 6327	Clifton Building	
Tells	thassee, FL 32314	2661 Executive Cente	rr Circle

Tallahassee, FL 32301

Tallahassee, Fl. 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

Principal Office Address:

another business entity with an active Florida registration.)

5 Hearts 32 Argels Cleaning Service, L.C.
(Must contain the words "Limited Liability Company, "LSUC..." or "LLC.")

Ultimate.

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:
Danielle Edward
Name
2/58 W Pensacola St Apt A
Florida street address (P.O. Box NOT acceptable)
Tallahase FL 32301
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)
2018
$m_{ m color} \sim 10^{-3}$

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	De ella Elinak
	2188 W Densacola St Apt K
	Tallahastre, FC 3230)
(Use attachment if necessary)	
LE V: Effective date, if other than the date of filing	:(OPTIONAL)
fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the	d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b
fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the iment's effective date on the Department of State.	d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b
fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State.	d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b
ffective date is listed, the date must be specific an	d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b
ffective date is listed, the date must be specific and of filing.)  If the date inserted in this block does not meet the ument's effective date on the Department of State.  The VI: Other provisions, if any.  REQUIRED SIGN TURE:  Signature of a member of This document is executed in as I am aware that any false inform.	d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b
feetive date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State.  LE VI: Other provisions, if any.  REOUIRED SIGN TURE:  Signature of a member of This document is executed in as I am aware that any false inform constitutes a third degree felony.	applicable statutory filing requirements, this date will not be records.  The an authorized representative of a member, an authorized representative of a member.  The accordance with section 605.0203 (1) (b), Florida Statutes, aution submitted in a document to the Department of State

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)