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19 SEP 24 PEI 4: 50

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Five Stary Cleaning and Services 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:
m 25 9 56 27 7
Amber Rushins
1001 Ocala Rd Apt K145
Tallahassee F1 32304 City/State and Zip Code /amarion/ee @ Gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amber Rushing at (405) 503 - 0052 Name of Person Area Code Daytime Telephone Number
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status (additional copy is enclosed) S130.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations Street Address 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

ARTICLE	A - Name:
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The name of the Limited Liability Company is:

five Stave Cleaning and Services L.L.C. (Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")

Mailing Address:

ARTICLE II - Address:

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

Principal Office Address:

1001 Ocala Rd Apt KIUS Tallahassee Fl 32304	_
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.)	100 A
The name and the Florida street address of the registered agent are: <u>Amber Rushins</u> Name 1001 Occ 19 Rel Apt X145	
Florida street address (P.O. Box NOT acceptable) Tallahassel Fl 32304 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..

ARushura
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2011 SEP 24 PK 5: 0

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Amber Rushing 1001 Occ. 14 Rol Apt K145 Tallahasse F1 32300
AMBR	Brontez Steele 1001 ocale Rol Apt K145 7511a hassee F1 32304
(Use attachment if necessary)	2.1. 2.1. 01.
TCLE V: Effective date, if other than the date	e of tiling: (OPTIONAL)
late of filing.)	pecific and cannot be more than five business days prior to or 90 day
 If the date inserted in this block does not document's effective date on the Departmen 	meet the applicable statutory filing requirements, this date will not be it of State's records.
TCLE VI: Other provisions, if any.	

Signature of a member or an anthorized 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 degree felony as provided for in s.817.155, F.S.

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)
- \$ 5.00 Certificate of Status (Optional)