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COVER LETTER

то:	New Filing Section Division of Corporations		
SUBJE	Mellissa Robbins Cleaning Ser	vices	
30016		Limited Liabili	ty Company
The enc	losed Articles of Organization and fee(s) are submitted	for filing.
Please r	eturn all correspondence concerning this	s matter to the f	ollowing:
	Mellissa Robbins		
		Name of	Person
	Mellissa Robbins Cleaning Sevice	ces	
		Firm/Co	mpany
	4825 Pine Avenue		
		Addre	ess
	Youngstown, Florida 32466		
	mrcleaningservices2019@gmail,c	City/State and	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For furthe	er information concerning this matter, pl	ease call;	
	Mellissa Robbins	850	774-9592
	Name of Person		Daytime Telephone Number
Enclose	d is a check for the following amount:		
S125.00	O Filing Fee S130.00 Filing Fee & Certificate of Status	└──Certifie	0 Filing Fee & 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 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Mellissa Robbins Cleaning Services LLC

(Must 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:

Mailing Address:

da 32466

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:

Kenneth Robbins		
	Name	
4825 Pine Avenue		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Youngstown	Florida	32466
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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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager MGR Melissa Robbins 4825 Pine Avenue Youngstown, Florida 32466 AMBR Kenneth Robbins 4825 Pine Avenue Youngstown, Florida 32466 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after to of filing). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed securement's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: REOURED SIGNATURE: REOURED SIGNATURE: REOURED SIGNATURE: REOURED 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 degree felony as provided for in S.17.155, F.S. SIZSAOS Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificed Copy (Optional) S.500 Certificate of Status (Optional)	Title:		Name and Address:		
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