(2000032590)

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





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SECRETARISSEE, FL

COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Real Cleaning 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:
Dayhana Debourg
Name of Person Captana & Sort.
Firm/Company
3588 Wexford CT
Address
Tallahassee Florich 32309
Tallahassee Florich 32309 City/State and Zip Code dayhana 22@ gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dayhara De Rourg . at (850) 570 · 7494 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee.

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Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FIXIRIDALIMITED LIABILITY	COMPANT
ARTICLE 1 - Name: The name of the Limited Liability Company is: 5+cr5 Clagni	ng Solutions LLC
Real Cleaning LLC	_
(Must conatin the words "Limited Liability Company, "L.L.C.," c	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:
3588 Wexford CT Tallahassee 3580 C FL 32309 FL 323	Dexlard CT Tallahassee
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent. You must d another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
_ Dayhana Jebaurg	
Name	
3588 Wextord C.1	
Florida street address (P.O. Box NOT acceptable)	_
Tallahorssee FL 32	309
City State Z	p
Having been named as registered agent and to accept service of process for the above state place designated in this certificate. I hereby accept the appointment as registered agent an further agree to comply with the provisions of all statutes relating to the proper and compleam familiar with and accept the obligations of my position as registered agent as provided	d agree to act in this capacity. I ete performance of my duties, and I
Dayherra DeBacy.	
Registered Agent's Signature (REQU	IRED)

(CONTINUED)

ECRUMAN OF STATE

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Daybana DeBourg 3588 Wexford CT
	Tallahassee Florida 32304
MGK	Maria Oviva 1555 Delaney Dr Apt 1401 Tallahasgee Florida 32309
(Use attachment if necessary)	
If an effective date is listed, the date must blue date of filing.)	e date of filing:
REQUIRED SIGNATURE:	
This document is e I am aware that any	Ta member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. If false information submitted in a document to the Department of State 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)