# L200000 39326

| (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: |
|                                         |
|                                         |
|                                         |
|                                         |

Office Use Only



200338942292

01/18/20--01811--004 \*\*125.00

20 JAN 16 PH 3: 24

J DENNIS FEB 11 2020

## COVER LETTER

| TO: Registration<br>Division of 0 | 1 Section<br>Corporations                    |                                                                     | 20 JAN 18                                                                | PH 3: 24    |
|-----------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|-------------|
| SUBJECT: Maid T                   | oday LLC<br>Name of Li                       | mited Liability Company                                             |                                                                          |             |
|                                   | rame of Le                                   | unico Elability Company                                             |                                                                          |             |
| The enclosed Articles             | of Organization and fee(s) a                 | are submitted for filing.                                           |                                                                          |             |
| Please return all corre           | spondence concerning this n                  | natter to the following:                                            |                                                                          |             |
|                                   | •                                            |                                                                     |                                                                          |             |
| <u>Jessica</u>                    | Truax                                        |                                                                     |                                                                          |             |
|                                   |                                              | Name of Person                                                      |                                                                          |             |
| Maid To                           | doullO                                       |                                                                     |                                                                          |             |
| <u>Maid To</u>                    | UAY_LLC                                      | Firm/Company                                                        |                                                                          |             |
|                                   |                                              |                                                                     |                                                                          |             |
| 3739 391                          | th Ave West                                  |                                                                     |                                                                          |             |
|                                   |                                              | Address                                                             |                                                                          |             |
|                                   |                                              |                                                                     |                                                                          |             |
| <u>Bradento</u>                   | on, FL 34205                                 | City/State and Zip Code                                             | · · · · · · · · · · · · · · · · · · ·                                    | <del></del> |
|                                   |                                              | sny/state and zip code                                              |                                                                          |             |
| mcmullin.jessic                   | a@gmail.com<br>E-mail address: (to be use    | ed for future annual report notifica                                | ntion)                                                                   |             |
| For further informatio            | n concerning this matter, ple                | ase call-                                                           |                                                                          |             |
|                                   | in concenting and matter, the                | ane curr.                                                           |                                                                          |             |
| Jessica Truax                     | at (                                         | 941 ) 209-918                                                       | <b>8</b> 2                                                               |             |
|                                   | ne of Person                                 |                                                                     | lephone Number                                                           |             |
|                                   |                                              |                                                                     |                                                                          |             |
| Enclosed is a check for           | or the following amount:                     |                                                                     |                                                                          |             |
| ☑ \$125.00 Filing Fee             | □\$130,00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐\$160.00 Filing<br>Certificate of<br>Certified Copy<br>(additional copy | Status &    |

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLE I - Name: The name of the Limited Liability Company is: Maid Today LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 3739 39th Ave West Bradenton, FL 34205 Bradenton, FL 34205

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

| Jessica Truax                  |                     |
|--------------------------------|---------------------|
| Nar                            | ne                  |
| 3739 39th Ave West             |                     |
| Florida street address (P.O. F | Sox NOT acceptable) |
| Bradenton                      | FL 34205            |
| City                           | Zip                 |

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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)

Page 1 of 2

| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name and Address:                                                                                                                                                                                                                                                                                                                               |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| "AMBR" = Authorized Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                 |            |
| "MGR" = Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |            |
| MGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Jessica Truax                                                                                                                                                                                                                                                                                                                                   |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3739 39th Ave West                                                                                                                                                                                                                                                                                                                              | <u>.</u> . |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bradenton, FL 34205                                                                                                                                                                                                                                                                                                                             |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 | 7          |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                 |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jessica Truax 3739 39th Ave West Bradenton, FL 34205                                                                                                                                                                                                                                                                                            | _          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |            |
| · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                 |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                                                                                                                                                                                                                                                                                                     | _          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |            |
| (Use attachment if necessar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                 | _          |
| E V: Effective date, if othe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | than the date of filing: 1-14-20 (OPTIONAL)  e must be specific and cannot be more than five business days prior to o                                                                                                                                                                                                                           | <br>r 90 d |
| E V: Effective date, if othe ective date is listed, the da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | than the date of filing: $1-14-20$ . (OPTIONAL) e must be specific and cannot be more than five business days prior to only.                                                                                                                                                                                                                    | <br>r 90 d |
| E V: Effective date, if othe ective date is listed, the da of filing.)  E VI: Other provisions, if a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | than the date of filing: 1-14-20 (OPTIONAL)  e must be specific and cannot be more than five business days prior to o  y.                                                                                                                                                                                                                       |            |
| E V: Effective date, if othe ective date is listed, the da of filing.)  E VI: Other provisions, if a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | than the date of filing: 1-14-20 (OPTIONAL)  e must be specific and cannot be more than five business days prior to o  by.  E:                                                                                                                                                                                                                  | r 90 d     |
| E V: Effective date, if othe ective date is listed, the da of filing.)  E VI: Other provisions, if a REQUIRED SIGNATUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | than the date of filing: 1-14-20 (OPTIONAL)  e must be specific and cannot be more than five business days prior to o  ly.  E:  ture of a member or an authorized representative of a member.                                                                                                                                                   |            |
| E V: Effective date, if othe ective date is listed, the da of filing.)  E VI: Other provisions, if a second | than the date of filing:                                                                                                                                                                                                                                                                                                                        |            |
| E V: Effective date, if othe ective date is listed, the da of filing.)  E VI: Other provisions, if a secondary secondary with the ective date is listed, the da of filing.)  E VI: Other provisions, if a secondary secondary with the ective date, if other date, if | than the date of filing: 1-14-20 (OPTIONAL)  e must be specific and cannot be more than five business days prior to o  ty.  E:  ture of amember or an authorized representative of a member.  ith section 605.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true. |            |
| E V: Effective date, if othe ective date is listed, the da of filing.)  E VI: Other provisions, if a secondary secondary with the ective date is listed, the da of filing.)  E VI: Other provisions, if a secondary secondary with the ectivation of the ective date in a secondary with the ective date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | than the date of filing:                                                                                                                                                                                                                                                                                                                        |            |
| E V: Effective date, if other ective date is listed, the date if filing.)  E VI: Other provisions, if a Signa (In accordance we constitutes an affiliam aware that a constitutes a third                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | than the date of filing:                                                                                                                                                                                                                                                                                                                        |            |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

# Maid Today LLC 3739 39th Ave West

INITIAL LIST OF MEMBERS.

The following named person(s) shall constitute the initial members of Maid Today LLC: 20 JAN 15 West

Jessica Truax, Organizer Date