L20000039331

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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J DENNIS FEB 11 2020



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COVER LETTER

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· · · · · · · · · · · · · · · · · · ·	20
COVER LETTER	AN IS
TO: Registration Section Division of Corporations	20 JAN 16 PA 3. 24
SUBJECT: Sincerely The Lewinson Cleaning Services LLC 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:	
Dahmian Lewinson Name of Person	
Sincerely The Lewinson Cleaning Services LLC Firm/Company	
4714 N. Habana Ave, Apt 2108 Address	
Address	
Tampa, FL 33614 City/State and Zip Code	
lewinson622@msn.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dahmian Lewinson at (\$1\$) 588-8845 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	

Mailing Address

☑ \$125.00 Filing Fee

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

□\$130.00 Filing Fee & Certificate of Status

Street/Courier Address

□\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 20 JAN 18

ARTICLE I - Name:	JANIA
The name of the Limited Liability Company is:	20 JAN 18 PH 3: 24
	~ ₹₹₩
Sincerely The Lewinson Cleaning Services LLC	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "L.L.C.")
ADTECLER	
ARTICLE II - Address:	often of the Limited Linkilla Communication
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4714 N. Habana Ave, Apt 2108	4714 N. Habana Ave, Apt 2108
Tampa, FL 33614	<u>Tampa, FL 33614</u>
another business entity with an active Florida registration. The name and the Florida street address of the registered	·
<u>Dahmian Lewinson</u> Nam	
1,4411	
4714 N. Habana Ave, Apt 2	2108
Florida street address (P.O. Be	
Tampa	FL 33614
City	Zip
the place designated in this certificate, I hereby acce- capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in appet 605, F.S

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager MGR	Dahmian Lewinson 4714 N. Habana Ave, Apt 2108 Tampa, FL 33614
	4714 N. Habana Ave, Apt 2108
MGR	4714 N. Habana Ave, Apt 2108
	T FL 22014
	Tampa, FL 33614
	20
	
(Use attachment if necessary)	
Æ V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.)	: (OPTIONAL) d cannot be more than five business days prior to or 90
E VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	an authorized convergentative of a market
Signature of a member or	r an authorized representative of a member.
Signature of a member of (In accordance with section 605.0203)	(1) (b), Florida Statutes, the execution of this document
Signature of a member of (In accordance with section 605.0203 (constitutes an affirmation under the per I am aware that any false information s	(1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State
Signature of a member of (In accordance with section 605.0203 (constitutes an affirmation under the per	(1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State
Signature of a member of (In accordance with section 605.0203 (constitutes an affirmation under the per I am aware that any false information s	(1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. 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)

\$ 5.00 Certificate of Status (Optional)