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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

	5. ,
TO: New Filing Section Division of Corporations	20 FEB 20 AN 11:51
SUBJECT: WLC Cleaners Name of Limited Liability Co.	mpany /
The enclosed Articles of Organization and fee(s) are submitted for file	ing.
Please return all correspondence concerning this matter to the following	ing:
Leatha Harshaw Name of Perso	
Name of Perso	ıı
6427 Sunset Ave #1	
Address	
Panama City Beach Fla City/State and Zip Leatha Harshawa gnail. CEM	32408 Code
Leatha tharshawa gnail. CEM E-mail address: (to be used for future annual	report patification)
For further information concerning this matter, please call:	reput heartain,
	30 NOCE
<u>Leatha Harshaw</u> at (<u>850)</u> <u>Area Code</u> Da	sytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$155.00 Feetificate of Status Certified Co (additional cop	py Certificate of Status &
Mailing Address Stree	t Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	^ .
WLC Cleaners' LLC	20FEB 28 (31): 51
(Must conatin 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	d Liability Company is:
Principal Office Address:	Mailing Address:

Principal Office Address:	<u>Mailing Address:</u>
6427 SunsetAve#1	6427 Sunset Ave#/
PANAMA CITY Beach . Flordia	PCB. Fla 32408
32+08	
 	

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:

Leath	a Harsha	w
	Name	:/ /
6427 Si	unset ave	2 # 1
Florida street ad	ldress (P.O. Box <u>NO</u> T	acceptable)
PCB	Fla	32408
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)

Title:	Name and Address:	· ,
"AMBR" = Authorized Member "MGR" = Manager		ZOFEB 20 MY
	Lantha Harshall	Subject of the subjec
MGR	Leather Harshaw 6427 Sunset AVE #1 Panama City Beach	
	Panama City Beach	Hla 32408
A na O :0		1
AMBR	William Chaperon	
	U427 Sunsef AVe# DCB, Fla.32408	<u> </u>
	PC01 1 14. 38 108	
(Use attachment if necessary)		
T. F. V.: Effective date if other than the	date of filing: March 1 2020	(OPTIONAL)
ffective date is listed, the date must b	e specific and cannot be more than five busine	ss days prior to or 90 days af
e of filing.)		
	not meet the applicable statutory filing requirem	ents, this date will not be liste
ument's effective date on the Departr	ment of State's records.	
LE VI; Other provisions, if any.		

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.817.155, F.S.

Leatha HArshaw
Typed or printed name of signee

Filing Feest

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)