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COVER LETTER

	w Filing Section ision of Corporations
SUBJECT:	DWK Cleaning Service LC Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
_	Kiwanah Lewis Name of Person
_	DWK Cleaning Service Jirm/Company
-	2704 Juncture Drive
_	Tallahossee Florich 32305 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	formation concerning this matter, please call:
K	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
□\$125.00 F	Filing Fee

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

20 JAN 31 AM 8: 00 EGNEDARY OF STATE



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager President	Kiwannda Lewis 2704 Juncture Dr. Tallahassee, Fla. 32305
Vice President	Michelle Williams 112 stational street Tallahoussee Fla. 32305
Manager	Alvin Kelly 112 buckskin cimle michay Fla. 32343
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	e date of filing: 1 + 29 - 20 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	, , , , .
	La Leuro
This document is e I am aware that any	a member or an authorized representative of a member, xecuted in accordance with section 605.0203 (1) (b), Florida Statutes, raise information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
Kiwar	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

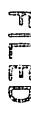
\$ 5.00 Certificate of Status (Optional)

COVER LETTER

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	allahassee /ci	Florida 3230 ty/State and Zip Code	15	
 	E-mail address: (to be used)	for future annual report notificati	ion)	
For further information concerning this matter, please call:				
Kiwann Nan		50 296-51005 ca Code Daytime Telephon		
Enclosed is a check for t	he following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	States & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailir	g Address	Street Address	三部 与	

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

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



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This document is executed an aware that any fals	ember or an authorized representative of a member. Interest of a member of a member of statutes of a member of statutes. Interest of submitted in a document to the Department of State of submitted for in a S17, 155.
constitutes a unit degre	e felony as provided for in s.817.155, F.S.

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Filing Fees:

Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Kiwannda

2020 JAN 31 AM 8: 00 SECRETARY OF STATE