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COVER LETTER

TO: New Filing Sec Division of Cor			
subject: <u>Мач</u>	S Bucket of Limit	and Broom ited Liability Company	LLC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
	Rushie N	Name of Person	
May	yls Bucket	and Broom Firm/Company	Cleaning LLC
	2407 N	E57th St. Address	
Ga	•	Jori da 3260 ty/State and Zip Code	9
$-\mathcal{U}\mathcal{U}_{1}$		or future annual report notificat	ion)
For further information co	ncerning this matter, please	call:	,
Puthie Nam	M DWers at (230-82 Daytime Telephon	87 e Number
Enclosed is a check for the	ne following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ZS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailin</u>	g Address	Street 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 I - Name: The name of the Limited Liability Company is:			
May S Bucket and Broom Cleaning LLC (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 Liability Company is:			
Principal Office Address: Mailing Address:			
917 North +			
Gairesville Horida 32609			
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:			
Truthie m OWENS			
2407 NF 52th St.			

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..

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED

(CONTINUED)



ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Ruthie M OWENS Stor NESTAST, STORING 32609
(Use attachment if necessary)	
e date of filing.) ote: If the date inserted in this block does be document's effective date on the Depart RTICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed ament of State's records.
REQUIRED SIGNATURE:	11 Relens
This document is of lam aware that any constitutes a third of	a 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
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Option \$5.00 Certificate of Status (O	• • • • • • • • • • • • • • • • • • •