L20000091846

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

N CULLIGAN MAR 2 5 2020

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Premier 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:
Julie A. M'Rae
Name of Person Remier (leaning Services, LLC Firm/Company)
1918 Aprilachee Trail
Address Tallahassee FL 32311 City/State and Lip Code JMCRAEGo a hot mail. Com E-mail address: (to be used for future annual mount motification)
Lity/State and Rip Code Linches Com Lity/State and Rip Code
13-man address. (to be used for future annual report not meation)
For further information concerning this matter, please call:
Julie A. M. Raem 850 567-2686
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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



March 25, 2020

JULIE A. MCRAE 1918 APALACHEE TRAIL TALLAHASSEE, FL 32311

SUBJECT: PREMIER CLEANING SERVICES, LLC

Ref. Number: W20000031847

We have received your document for PREMIER CLEANING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 320A00006486

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

2020 MAR 27 AM 9: 56

The name of the Limited Liability Company is:

(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:

[918 Apalachee Trail
[allaliassee FL 3231]

1918 Apalachee Trail Tallahasse, R 32311

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:

Florida street address (P.O. Box NOT accepta

Tallahassee H 32311

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)

Α	D	TI	CI	H.	IV-	_

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

' Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Julie A. McRae 1918, Apalachee Trail 10 la hassee, R. 32311	
		
	SEC	2828
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(Use attachment if necessary)	E FL	9: 56
(If an effective date is listed, the date must be s the date of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lit of State's records.	
REQUIRED SIGNATURE:	G. Hi Rec	_
Signature of a m This document is exect I am award that any fals	nember or an authorized representative of a member. Section 605.0203 (1) (b), Florida Statutes. Section in a document to the Department of State defelons as provided for in s.817.155, F.S.	
	Typed or printed name of signee	

Filing Fces:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)