L20000153559

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	те)
(Document Number)	
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer:	
W20000045589	

Office Use Only



400344024424

05/04/20--01036--004 **125.00

05/28/20--01011--017 **35.00

7 1 L E D

COVER LETTER

FILED

TO: New Filing Section 2020 JUN -2 PM 3: 07 Division of Corporations SUBJECT: The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company 2001 Broad Street Unit A E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: □\$125.00 Filing Fee

Mailing Address

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

□\$130.00 Filing Fee &

Certificate of Status

Street Address

□\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Z\$160.00 Filing Fee,

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabili	ty Company is:			FILED
	spy Clean	Deta	iling LLC	2020 JUN -2 PM 3: 0
(Must con	tairi the words "Limited	Liability Com	pany, "I.L.C.," or "LLC.	") 3
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Li	mited Liability Company	ME: -114211 - 1
Princip	al Office Address:		Mailing	Address:
\)/ <u>A</u>		2303 Wars Dr.	
			Tallahaske, FL. 3	2307
	<u> </u>			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its owi active Florida registrati	n Registered A on.)	gent. You must designate	an individual or
·	2303 Ka	va De		
	Florida street addres	ss (P.O. Box <u>N</u>	<u>OT</u> acceptable)	
	Tallahassee	Toria	. 32303	
	City	State	Zip	
daving been named as registered of clace designated in this certificate, wither agree to comply with the pr im familiar with and accept the ob	Thereby accept the approvisions of all statutes religations of my position	relating to the pass registered a	gistered agent and agree t roper and complete perfo	o act in this capacity. I

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR AMBR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

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.

Typed or printed name of signee

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)