# 120000171987

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





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# **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Black pear Cleaning Services, Lic 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:
MArisul Torres
Name of Person
Firm/Company
1415 and Ave East
Address
Bradenton, FL 34208
Bradenton, FL 34208  City/State and Zip Code  Maris 0/1 torres 022a @ gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (A41) 348 - 4435  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee &  □\$155.00 Filing Fee &  □\$160.00 Filing Fee,
Mailing 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 1 - Nam	e	
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The name of the Limited Liability Company is:

Black pearl Cleaning Services, Lic. (Must contain 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:	
1415	2nd	AVe, E	 
Brao	unton.	FL 347.08	 

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:

MARIS	ol To	me!	5	
	Name			
1415 2	nd '	AVE	E	
Florida street addr	ess (P.O. Bo	x <u>NOT</u> acc	eptable)	
Brader	itun	FL	31	4208
City	Stat	e	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)

1

(CONTINUED)

# ARTICLE 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	William Mureno
	· <del></del>
·	edate of filing: JUNE ID 2020 (OPTIONAL)
EV: Effective date, if other than the ective date is listed, the date must lof filing.) The date inserted in this block does	e date of filing:
EV: Effective date, if other than the ective date is listed, the date must lof filing.) The date inserted in this block does ment's effective date on the Departi	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the ective date is listed, the date must lof filing.) The date inserted in this block does ment's effective date on the Departi	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the ective date is listed, the date must lof filing.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the ective date is listed, the date must lof filing.)  The date inserted in this block does ment's effective date on the Department of the Evil. Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  The a member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. It is a false information submitted in a document to the Department of State degree felony as provided for in s.817.155. F.S.
E V: Effective date, if other than the fective date is listed, the date must lof filing.)  The date inserted in this block does ment's effective date on the Departure.  E VI: Other provisions, if any.  Signature of This document is elam aware that any	a member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b). Florida Statutes.  If a false information submitted in a document to the Department of State legree felony as provided for in s.817.155. F.S.
fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department. E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is eliam aware that any	a member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b). Florida Statutes.  If a false information submitted in a document to the Department of State legree felony as provided for in s.817.155. F.S.
EV: Effective date, if other than the rective date is listed, the date must lof filing.) If the date inserted in this block does ment's effective date on the Departure VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is e I am aware that any constitutes a third of the control	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  The a member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Solution Month  Typed or printed name of signee  Filing Fees:  Of Organization and Designation of Registered Agent

# COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Blackpear (Jean) Name of Limited Liability	ING SEVILLES, LIC
The enclosed Articles of Organization and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	ollowing:
MAYISUL TO	
Name of	Person
Firm/Co	mpany
1415 2nd A	ve East
Bradenton, F	L 34208
City/State and    City/State and   City/	L 34208 d Zip Code 02226 GMCi 1, COM nnual report notification)
For further information concerning this matter, please call:	
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155 Certificate of Status	i.00 Filing Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
New Filing Section Division of Corporations	Street Address  New Filing Section Division  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	iny is:		
Blackpa	earl Elear	nna Ser	VICES, LC
(Must contain the w	ords "Limited Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Lin	nited Liability Company is	::

Principal Office Address:		<u>Ma</u>	iling Address:
1415 2nd	Me, E		
- Krostinton	<u> = 1 34708</u>	<u> </u>	

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:

ARTICLE I - Name:

MAr	ISOI TO	mes	<u>.</u>	
	Name			
1415	2nd	AVE_	E	
Florida street	address (P.O. Bo	x <u>NOT</u> acce	ptable)	
Brade	enton	FL	34	<u> 200</u>
City	Stat	e .	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: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Milliam Mureno
<del> </del>	
the date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is exe	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	Typed or printed name of signee

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

 $\frac{Filing\ Fees:}{\text{S125.00 Filing Fee}\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$ 

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)