L20000176867

(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:
Call when
done Please





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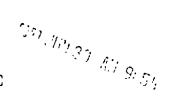
2029 JUN 30 AH 10: 19

N CULLIGAN JUN 1 7 2020

•	COVERLÉTTER .
TO _t No Di SUBJECT	ew Filing Section vision of Corporations Services Premiere Cleaning Services Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Magali Guzman Name of Person
	Firm/Company
	1915 Gibbs Drive
	Address
	Tallahassee, FL 32303 City/State and Zip Code magaliguzman 76 @ hotmail. Com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code Magaliauz man 76 @ hotmail. Com
_	E-mail address: (to be used for future annual report notification)
	formation concerning this matter, please call:
<u>i</u>	Mame of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□\$125.00 F	Filing Fee
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

Sandra (1 all whun done

Division of Corporations



June 19, 2020

MAGALI GUZMAN 1915 GIBBS DRIVE TALLAHASSEE, FL 32303

SUBJECT: MAGALY CLEANING SERVICES, LLC

Ref. Number: W20000062358

We have received your document for MAGALY CLEANING SERVICES, LLC and your check(s) totaling \$130.00. 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 existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The annual report/uniform business report must be signed by an officer or director of the corporation.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 720A00012129

www.sunbiz.org

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FILED

ARTICLE I - Name:		2020 JUN 30 AM 10: 19
The name of the Limited Liability Company is:	Unique Dew.	SECRETARY OF STATE TALLAHASSEE, FL
(Must contain we words "Lim	Cleaning Servited Liability Company, "L.L.C.," or "LI	Cos, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

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 canother business entity with an active Florida registration.)	or
The name and the Florida street address of the registered agent are: Hagali Guz man Name	

1915 G1665 Drive
Florida street address (P.O. Box NOT acceptable) Tallahasser FL 32303
City State 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..

h Magal Cizman
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: "AMBR" = Authorized Member	Name and Address:				
	"MGR" = Manager (DED MED Hanager	Felipe Reynoza 1915 GIBB DHIVE Tallahassee FL 32503				
	Manager	Magali Guzman 05 1915 Gibbs Drive 70 Tallahassee, FL 32303 27	5828 JUN 30			
			30 AM (D: 19			
	(Use attachment if necessary)					
the dat	e of filing.)	of filing: 6 11 2020 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be life State's records.				
ARTIC	LE VI: Other provisions, if any.		_			
			- -			
	REQUIRED SIGNATURE:					
	* Magali (- Dunan				
	Signature of a mem This document is executed I am aware that any false ir	ther or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.				
	- Maga	Ui Guzhan Typed or printed name of signee				
	•	2 yped of printed name of signee				

Filing Fees:

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)