

Division of Corporations

Page 1 of 2

L20000204460

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000235644 3)))



H200002356443ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : KATZ, BARRON
Account Number : 072627002473
Phone : (305) 856-2444
Fax Number : (305) 860-2588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mmturner1628@gmail.com

FLORIDA LIMITED LIABILITY CO.
Professional Disinfecting Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
2020 JUL 21 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
2020 JUL 21 PM 12:43
DIVISION OF CORPORATIONS
BUSINESS SERVICES

T. BURCH
JUL 22 2020

Electronic Filing Menu

Corporate Filing Menu

Help

H200002356443

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I. - Name

The name of the Limited Liability Company is:

PROFESSIONAL DISINFECTING SERVICES, LLC

ARTICLE II. - Address

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

17845 37th Place North
Loxahatchee, FL 33470

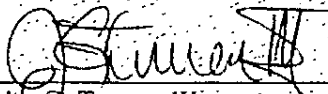
**ARTICLE III. - Registered Agent, Registered Office,
& Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

John G. Turner, III
17845 37th Place North
Loxahatchee, FL 33470

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:


John G. Turner, III

FILED
2020 JUL 21 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

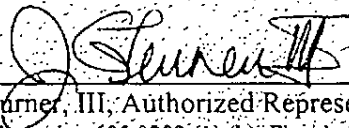
H200002356443

H200002356443

ARTICLE IV. - Management

The Limited Liability Company will be manager-managed. The name and address of the manager of the Limited Liability Company is:

John G. Turner, III
17845 37th Place North
Loxahatchee, FL 33470



John G. Turner, III, Authorized Representative of a Member(s)

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 §817.155, F.S.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUL 21 PM 1:09

FILED

H200002356443