L20000276988

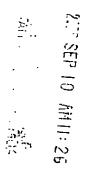
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W20000102958			

Office Use Only



700351528297

09/10/20--01002--009 **160.00



C RICO SEP 1 3 2020

COVER LETTER

SUBJECT: World Changers cleaning Company 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:					
Christopher Wyche Name of Person					
World Changers Cleaning Company					
407 South main St Havana					
Havana Fl 32333 City/State and Zip Code					
. 1					
Worldchangers (e4 @ amail com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Christopher wyche at (850) 980-5367 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status Certified 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

TO:

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

Street Address 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

The name of the Limited Liabili	ity Company is:			
World	changers tain the words "Umited Lia	cleaning	company	LLC
ARTICLE II - Address: The mailing address and street a				
<u>Princip</u>	nal Office Address:		Mailing Address:	

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:

Lakisha				
	Name			
407 Sou	th mair	1 St		
Florida street address (P.O. Box NOT acceptable)				
Havana	E1	32333		
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 603, F.S..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Manager	Christopher wyche 407 5 main 5-1 Havana FI 32333
Manager	Lalisha Wyche 407 5 main 3+ Havena Fl 32333
ne date of filing.) Note: If the date inserted in this block does not	te of filing:
he document's effective date on the Departmen RTICLE VI: Other provisions, if any.	t of State's records.
Signature of a m This document is executed any fal- tam aware that any fal-	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State
•	Lopher Wy Che 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)

S 5.00 Certificate of Status (Optional)