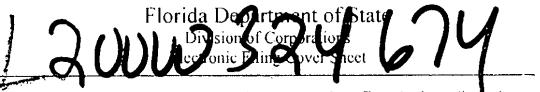
10/21/2020

**Division of Corporations** 



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone

Fax Number : (323)962-3889

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

Email	Address:	 

## FLORIDA LIMITED LIABILITY CO.

Barbara's Ateam Cleaning Service LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

OCT 2 2 2020

T. SCOTT

\$155.00

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

ART	11	Ċ	Ĺl		ĺ	- 1	٧a	me	:
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The name of the Limited Liability Company is:

Barbara's Ateam Cleaning Service LLC

(Must conatin 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:
3450 Palencia Dr, Apt 1914	
Tampa, Florida 33618	
· · · · · · · · · · · · · · · · · · ·	

### 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:

Unitedd States Corp	oration Agents, Inc.	
	Cruisti	
5575 S Semoran BI	vd. Suite 36	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Orlando	Florida	32822
Оly	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 **i** is 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 Auptr 605. FS

Registered Agent's Signature (REQUEED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager  AMBR	
AMBR	
	Tiffany Denise Stephens 3450 Palencia Dr. Apt 1914
	Tampa, Florida 33618
AMBR	Ty'Rell Damontae Scott Sr.
<del>_</del>	3450 Palencia Dr. Apt 1914
	Tampa, Florida 33618
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
FIGLEV: Effective date, if other than the n effective date is listed, the date must blate of filing.)	not meet the applicable statutory filing requirements, this date will not be listed
FIGLEV: Effective date, if other than the n effective date is listed, the date must blate of filing.)  e: If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
FICLEV: Effective date, if other than the n effective date is listed, the date must blate of filing.)  e: If the date inserted in this block does document's effective date on the Departr	pe specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.
FICLEV: Effective date, if other than the n effective date is listed, the date must blate of filing.)  e: If the date inserted in this block does document's effective date on the Departr	pe specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.
FIGLE V: Effective date, if other than the n effective date is listed, the date must blate of filing.)  e: If the date inserted in this block does document's effective date on the Departructure.  REQUIRED SIGNATURE:  Signature of	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  A member or an authorized representative of a member.
FIGLE V: Effective date, if other than the n effective date is listed, the date must blate of filing.)  e: If the date inserted in this block does document's effective date on the Departructure.  FIGLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is e.	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.

# 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)