# L20000 329164

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name	)
(Docu	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fil	ling Officer:	

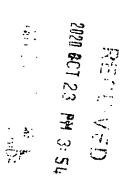
Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Business Name & Document Number, (if i	(OFFICE USE ONLY) known):
I. Lexi Cleaning Services, LLC	<del></del>
Name	Document Number (if known)
_x_ Walk in	Will wait
Certified Copy of:	
X Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
X_ Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
INC	Conversion
OTHER	Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign
	Limited Partnership
Fictitious Name	Reinstatement
Statement of Authority	
	Trademark
APOSTIL COUNTRY	Other

#### **COVER LETTER**

	New Filing Sec Division of Co				
CHD BEZE		ANING SERVICES, I	LC		
SUBJEC	1;	Name of	Limited Liab	ility Company	
The enclo	sed Articles of	Organization and fee(s	i) are submitte	ed for filing.	
Please ret	urn all correspo	ondence concerning thi	s matter to the	tollowing:	
			ALEXIS N	MARKS	
		<del>- 12 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. </del>	Name o	of Person	
	<del>· · · · · · · · · · · · · · · · · · · </del>		Firm/C	Company	
		157.	57 PINES BL	VD, STE 232	
			Ade	iress	
		PEN	иBROKE PIN	NES, FL 33027	
			City/State a	and Zip Code	
	1	E-mail address: (to be a			ion)
For further	information co	neeming this matter, pl	ease call:		
	ALEXIS MA		954	593-5098	
	Nam	ne of Person	Area Code	Daytime Telephor	ne Number
Enclosed	is a cheek for t	he following amount:			
	0 Filing Fee	■\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	** **			<b>4</b> 1.	

#### Mailing Address

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

LEXICLE	EANING SEI	RVICES, LLC	W ( C ")	<del></del>
(Must contain the words "L	imited Liabil	lity Company,	"L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office	of the Limited	Liability Company is:	
Principal Office Addre	<u>ess</u> :		Mailing Address:	
STE 232 PEMBROKE PINES, FL 33027		STE	37 PINES BLVD 232 (BROKE PINES, FL 33027	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as	s its own Kcy	enistered Age	nt's Signature:	_
- Designation	s its own Reging istration.)	egistered Age istered Agent.	nt's Signature: You must designate an individual or	2020 OC
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	egistration.) egistered age	egistered Age istered Agent. int are:	nt's Signature: You must designate an individual or	2020 001 2
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	egistration.) egistered age	egistered Age istered Agent.	nt's Signature: You must designate an individual or	123
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	egistration.) egistered age ALEX Na	egistered Age istered Agent. int are: (IS MARKS ime	nt's Signature: You must designate an individual or	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	egistration.) egistered age ALEX Na	egistered Age istered Agent. int are: (IS MARKS ime	nt's Signature: You must designate an individual or  232 acceptable)	VH 10:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	egistration.) egistered age ALEX Na 15757 PINE. et address (P.	egistered Age istered Agent. int are: (IS MARKS ime	nt's Signature: You must designate an individual or	

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 apprintment 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..

A less Month 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	
MGR	ALEXIS MARKS 15757 PINES BLVD, STE 232 PEMBROKE PINES. FL 33027
MGR	PIERRE SMITH 15757 PINES BLVD, STE 232 PEMBROKE PINES, FL 33027
-1,200-11	
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	te of filing:
REOUIRED SIGNATURE	led by:
This document is exec I am aware that any fal	member 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 eee felony as provided for in s.817.155, F.S.
~	ALEXIS MARKS
	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)

\$ 5.00 Certificate of Status (Optional)