120000348935

(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:
Special instructions to Filing Officer.
LLC Name W20000117011





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1020 SEP 22 PH 2: 0.6

COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: Stallie	Name of Jam	4 Can pet Chean ing Little Liability Company	7020 SEP 22
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	2 PH
Please return all correspond	ondence concerning this ma	tter to the following:	r <u>S</u>
Teslin s	Coney Stabling	Name of Person	06
Stelling's	5 Landscaping &	Canpet Cleaning LA	4
1208	annoyo Phu	Address	
Ormone Comy Sta	l Bah Fl 36 Ci alling @ gmail. Com	ity/State and Zip Code Stalling 538 for future annual report notificati	1/Damail. com
	E-mail addless: (to be used neerning this matter, please		ion) O
		38/- 3894 rea Code Daytime Telephon	e Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address	Street Address	ivision

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

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 Liability	Company is:
5/11.1	tomai or Connect Cl . I I C

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
1208 ARROYD PKWY	1208 ARROYD Play
trumped But FL 32174	DRAWARD BUN FL 38174

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:

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.

gistered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	•
MGR	Montpase Stalling 1002 Lensis Dn. 1 Daytona Beh FL 32114
Am Br Am Br	Teslin Stalling 1208 Argays (Thuy Dansond But FL 32174
AMBR	Comm. Stalling. 1022 Garnt Dales Holly Mill FL 32117
ffective date is listed, the date mi e of filing.) If the date inserted in this block d	loes not meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other than ffective date is listed, the date me of filing.) If the date inserted in this block date on the Department's effective date on the Department.	ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be list
LE V: Effective date, if other than ffective date is listed, the date mue of filing.)	ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be list

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)