## 120000357838

(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:

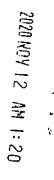
Office Use Only

J. FASON NOV 2 0 2020



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## **COVER LETTER**

TO: New Filing Sec Division of Co			
SUBJECT: ANTUC	an and Sons Pronounce of Lim	Store Cleaning lited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspond	ondence concerning this ma	tter to the following:	
	r <del>)</del>	ntun Hill Name of Person	
	Antwan and	SONS MESSONE	2 Cleaning
	5	9 old revell road	
	Ci	ity/State and Zip Code	27
		n Hill 40 Os <i>ah00 · (On</i> for future annual report notificati	
	oncerning this matter, please	·	·
Ante	ne of Person Ar	50 980-1739 ea 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)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailir</u>	<u>ng Address</u>	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Antwun and Sons Pressure (Must contain the words "Limited Liability Com	Cleaning L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address: 59 Old rovell read crow fordwille fl
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	<u> </u>
59 old ruell ro	
Florida street address (P.O. Box N	OT acceptable)
Crawforduille Fl	32327
City State	Zip
Having been named as registered agent and to accept service of process, place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the pam familiar with and accept the obligations of my position as registered or	gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
antwa Hill	VO.
	Signature (REQUIRED)
	¥ :
(CONTINU	JED)

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	Antwan Itill 59 old revell
	road crawfordville F1,72327
MGR	Elbonnie Hill 59 old revell road
Ambr	Antwon Hill Jr 59 du revell road
<del> </del>	
(Use attachment if necessary)	
RTICLE V: Effective date, if other that an effective date is listed, the date in e date of filing.)  ote: If the date inserted in this block of the date.	n the date of filing:
RTICLE V: Effective date, if other that f an effective date is listed, the date me date of filing.)	ust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed
RTICLE V: Effective date, if other that f an effective date is listed, the date in e date of filing.)  [ote: If the date inserted in this block on the December 2 of the date of the	ust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)