

L20000390431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status X3

Special Instructions to Filing Officer:

Pick up at
2:00

Office Use Only



700356663987

2020 DEC 17 AM 11:47
SECTION OF STATE
TALLAHASSEE, FL

FILED

12/17/20--01010--008 **170.00

CLERK
TALLAHASSEE, FLORIDA

2020 DEC 17 AM 9:03

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KEYS TO CLEANING LLC
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:

Keyntera Barnes
Name of Person

KEYS TO CLEANING
Firm/Company

4439 Lost Pine Dr
Address

Tallahassee FL 32305
City/State and Zip Code

keynterab90@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keyntera Barnes at (850) 308-5434
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 DEC 17 AM 11:47

KEYS TO CLEANING LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(Must contain 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:

4439 Lost Pine Dr
Tallahassee FL 32305

4439 Lost Pine Dr
Tallahassee FL 32305

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:

Keyontra Barnes
Name

4439 Lost Pine Dr
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32305
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 605, F.S..

Keyontra Barnes
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

"MGR" = Manager

Name and Address:

manager

Keyontra Barnes
4139 East Pine Dr
Tallahassee FL 32305

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2020 DEC 17 AM 11:47

1-1-20

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Keyontra Barnes

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Keyontra Barnes

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)