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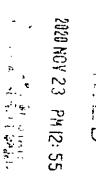
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2020

BRUCE E. MYERS 98 AZALEA CIRCLE BOYNTON BEACH, FL 33436

SUBJECT: THE MYERS CLEANING SERVICES AND ESSENTIALS LLC ·

Ref. Number: W20000125432

We have received your document for THE MYERS CLEANING SERVICES AND ESSENTIALS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Derrick Thompson Regulatory Specialist II

Letter Number: 720A00021605

ENROY 23 PH 4:1

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Myers Cleaning Services and Essentials 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:
Bruce E. Myers Name of Person
The Myers Cleaning Services and Essentials LLC.
98 Azalea Circle
Address
Boynton Beach Fl. 33436 City/State and Zip Code
City/State and Zip Code 177QShah 144@1Cloud.(0M E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bruce E Myers at (56) 856-1732 SS
Enclosed is a check for the following amount:
X\$125.00 Filing Fee Signature Signatu
Mailing Address Street Address

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

The Myers Cleaning Services and Essentials LLC"
(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:
98 Azalea Circle	98 Azalea Circle
Boynton Beach, Fl 3:3436	Boynton Beach, F1 33436

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:

16 MZA/EX CIPCIE

Florida street address (P.O. Box Mor acceptable)

agent and to accept service of process for the above stated limited liability co

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 us provided for in Chapter 605, F.S..

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:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager				
Bruss F. M. 1215 (A. 450)	Bruce E Myers 98 Azolea Circle Boynton Seach, 51 33436			
ETIME C THYEN (AMBR)	98 Azolea Circle			
/	Boynton Beach, 51 33436			
2 -11 ()				
Drue E Myers (MGR)				
				
,				
				
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of f				
the date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of S ARTICLE VI: Other provisions, if any.		date will	not be	listed as
REQUIRED SIGNATURE:			-	_ _ _
1)) Med -8	1/ Kers			
Signature of a memb	er or an authorized representative of a membe	r.	_	
This document is executed i	n accordance with section 605.0203 (1) (b), Flori ormation submitted in a document to the Departm	da Statut	es.	
I am aware that any false inf	ormation submitted in a document to the Departm ony as provided for in s.817.155, F.S.	ent of Sta	ate	
constitutes a third degree fer	ony as provided for in \$.817.133, F.S.	-	20	
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T	yped or printed name of signee	•	3	
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\$125 00 Filing For for Articles of Organi	Filing Fees: ization and Designation of Registered Agent	*	ũ	
\$ 30.00 Certified Copy (Optional)	ization and Designation of Registered Agent	- (- ,	- O	; ;
\$ 5.00 Certificate of Status (Optional)				
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