

L21000201664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

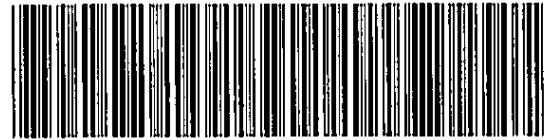
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRET
TALLAHASSEE, FLORIDA

SECRET

40

W21-49755

T. BURCH
MAY 19 2021

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: M&C Cleaning Services 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:

Michael Diaz

Name of Person

Firm/Company

5115 Claremont ct

Address

Polk City/ FL 33868

City/State and Zip Code

Diazmd0815@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Diaz

267

259-8652

at ()

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

Street Address

New Filing Section Division
The Centre of Tallahassee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2021

MICHAEL DIAZ
5115 CLAREMONT CT
POLK CITY, FL 33868

SUBJECT: M&C CLEANING SERVICES LLC
Ref. Number: W21000049755

We have received your document for M&C CLEANING SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000130428.

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.

Tim Burch
Senior Section Administrator

Letter Number: 721A00007616

2021 MAY -6 PM 1:12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M&C Prime Cleaning 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:

5115 Claremont Ct
Polk City, FL 33868

Mailing Address:

5115 Claremont Ct
Polk City, FL 33868

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:

Michael Diaz

Name

5115 Claremont

Florida street address (P.O. Box **NOT** acceptable)

Polk City

FL

33868

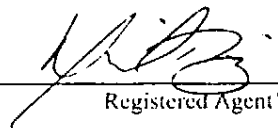
City

State

Zip

SECRET
TALLAHASSEE, FLORIDA
JAN 10 2008
D
99

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

"MGR" = Manager

Michael Diaz
5115 Claremont Ct
Polk City, FL

Crystal Oquiles-Diaz
5115 Claremont Ct
Polk City, FL

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

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.

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

Michael Diaz

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)