Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Fax Number : (305)444-4977

Finter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. 305 DEEP CLEANING & EXTRA HELP SERVICE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICI ES OF ORGANIZATION FOR FLOR	ID A LIMITEO LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
305 DEEP CLEANING & EXTRA HELP SERVI (Must contain the words "Limited Liabit		No. of Contract of
(Must contain the words - Limited Liabit.	ny Company. E.E.C., or EEC.)	
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8058 SW 80th AVE	8058 SW 80th AVE	
MIAMI, FL 33143	MIAML FL 33143	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or	2021 JUN 16
The name and the Florida street address of the registered agen	i are.	JN 16
GEORGE JORGE GALIN	DO VILLAMIL	m,
Nan	ne	구 골 [
8058 SW 80th AVE		क्षेत्र सः (
Florida squat address (P. O	Roy NOT accentable)	- CC -

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. Thereby 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.

State

City

Registred Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" - Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	GEORGE JORGE GALINDO VILLAMIL S058 SW \$0th AVE
	MIAMI, FL 33143
(Use attachment if necessary)	
RTICLE V: Effective date, if other than t If an effective date is listed, the date mus he date of filing.) Note: If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be listed a
RTICLE V: Effective date, if other than t If an effective date is listed, the date mus be date of filing.)	es not meet the applicable statutory filing requirements, this date will not be listed a
RTICLE V: Effective date, if other than the antiference of filing.) Note: If the date inserted in this block does document's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not be listed a
RTICLE V: Effective date, if other than the anterpresent of the factor of the date must be date of filing.) Note: If the date inserted in this block does the document's effective date on the Deparament of the	es not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.
RTICLE V: Effective date, if other than the anterpresent of the factor of the date must be date of filing.) Note: If the date inserted in this block does the document's effective date on the Deparament of the	es not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.
RTICLE V: Effective date, if other than to if an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block do be document's effective date on the Depa aRTICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document is laten aware that a	es not meet the applicable statutory filing requirements, this date will not be listed a

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)