The Sun Cleaning Services LLC hould not conflict with UNDER THE SUN CLEANING, LLC as the term 'Services' is distinguishing"

om.com, Inc.

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.

Electronic Filing Cover Sheet

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From:	Account Name	: LEGALZOOM.COM IN	ır	·		
	Account Number	: 120010000062				
	Phone Fax Number	: (323)962-8600 : (323)962-3889			~,	
	Lay Magnes.	. (323)302-3863			2021	
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Ema	il Address:			<u> </u>	P.II	
	FLORI	DA LIMITED LI	ABILITY CO.	: .	i 4: 30	
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Electronic Filing Menu

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Corporate Filing Menu

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## COVER LETTER

	New Filing Sec Division of Cor				
SUBJECT	Under The	Sun Cleaning Services LI	.C		
HODJEC		Name of Liu	mited Liabil	ity Cinpay	
The enclos	sed Articles of	Organization and fee(s) as	re submitted	for filing.	
Please reti	urn all correspo	ondence concerning this m	atter to the I	following:	
	Cheyenne M	oseley			
			Name of	Teson	
	Legalzoom.c	com, Inc.			
			HonC	inpily	-
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For further	information co	ncerning this matter, pleas	e call:		
	Cheyenne M	oscley 3	23	962-8600	
	Nin	·	rea Code	Daytime Telephone	e Number
Enclosed	is a check for th	ne following amount:			
□\$125.00	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end case)
	New F Division P.O. B	ngAddress illing Section on of Corporations ox 6327 assee, FL 32314		StreetAddress New Filing Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

To: 18506176381

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Under The Sun Cleaning Services LLC	
(Must conatin 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:	
The maining address and street address of the principal office of the fainted classifity Company is.	
Principal Office Address: Mailing Address:	
4135 Ambrosia Ct, 2011	
Fort Myers, Florida 33916	
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:	29
United States Corporation Agents, Inc.	27
Niro	Ξ

Q Zip State 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 Its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance f my duties, and l

Florida

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

5575 S. Semoran Blvd. Suite 36

am familiar with and accept the obligations of my position as registered agent as provided for in Apptr 605, FS

Orlando

Registered Agent's Signature (REQ) RED

32822

(CONTINUED)

To: 18506176381 Page: 5 of 5 2021-07-22 12:29:01 PDT LegalZoom.com, Inc From: Ashley Hamri

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Scan Alexander Dupre 4135 Ambrosia Ct, 2011 Fort Myers, Florida 33916
AMBR	Bradley Evan Bower 4135 Ambrosia Ct, 2011 Fort Myers, Florida 33916
AMBR	Hailey Rena' Goulas 4135 Ambrosia Ct, 2011 Fort Myers, Florida 33916
AMBR	Justin Elijah Moorer 4135 Ambrosia Ct, 2011 Fort Myers, Florida 33916
(If an effective date is listed, the date mu the date of filing.)	the date of filing (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days after oes not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Cm
This document I am aware that	e of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.
Cheyenn	ne Moseley, Legalzoom.com, Inc. Typed or printed name of signe

## 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)