L21000335283

(Re	equestor's Name)	
·	,	
(Ad	ldress)	
(Ad	ldress)	
	ty/State/Zip/Phone	- f f)
(011	tyrotaterzipi Filolit	σ π)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
,	_	
Special Instructions to	Filing Officer:	
-		

Office Use Only



500369813505

07/21/21--01016--012 **130.00 07/21/21--01016--011 **30.00

加

2021 JUL 21 AM 3: 19
SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: POLON Name of Lin	nited Liability Company				
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.				
Please return all correspondence concerning this m	Please return all correspondence concerning this matter to the following:				
La Kesha (Name of Person				
Poyally Clean LLC Firm/Company					
3804 Roger	-O Rd Address				
Jacksonville Fl 32277					
City/State and Zip Code (QK + Sha. 99 Sk in 0 9 mail. Com					
E-mail address to be used for future annual report notification)					
For further information concerning this matter, please call:					
La Kesha Gasking	104 , 233 177	<u>\</u>			
Name of Person A	rea Code Daytime Telephone	e Number			
Enclosed is a check for the following amount:					
□\$125.00 Filing Fee	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address New Filing Seating	Street Address New Filing Section Di	uician T			
New Filing Section Division of Corporations	The Centre of Tallaha				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

DZI JUL 21 AH 3: 19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	ICI	Æ.	I -	Na	me:

The name of the Limited Liability Company is:

(Must conjuin 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:

304 ROCCO Rd

NOCK STOPULE IF 1 38277

NOCK STOPULE IF 1 38277

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:

PLOPER KN

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

JULISONING TI SON II

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)

2021 JUL 21 AM 3: 18 SECRETAINY DE STATE

	Title: "AMBR" = Authorized Member	Name and Address:			
	"MGR" = Manager	La Kesha Caskin			
	100	Jacks600116 £1 32277			
	AMBK	Dryn Collier 164 Siboard Rd Jocksmare Fr 32008			
	(Use attachment if necessary)				
(If an e the dat <u>Note:</u>	effective date is listed, the date must be speci e of filing.)	filing:			
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:					
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.					
	<i>_</i>	Typed or printed name of signee			

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)