# 121000376236

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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# COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: J. A. X	Commercial Clear Name of Limited Liability Company	ning Services U
The enclosed Articles of Organization	n and fee(s) are submitted for filing.	
Please return all correspondence conc	eerning this matter to the following:	
Jessica	2 Piphin	
	Name of Person	
	Firm/Company	
	rarm/Company	
3600 49th	AVEN HOTEA	
	Org FL 33714  City/State and Zip Code  C0821@gmail.Com  ss: (to be used for future annual report notifice	ation)
For further information concerning this		
Jessica DioKi Name of Person	at ( <u>727</u> ) <u>748 - 932</u> Area Code Daytime Telepho	24 one Number
Enclosed is a check for the following	amount:	
□\$125.00 Filing Fee □\$130.00 Certificate	Filing Fee & S155.00 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 Corpora P.O. Box 6327	Street Address New Filing Section I ations The Centre of Talla 2415 N. Monroe Str	hassee

Tallahassee, FL 32314

Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Jax Commercial Cleaning Services,"L.L.C"
(Must contain the words "Limited Liability Company, "L.L.L.," or "L.L.C.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3600 49th Ave N	36∞ 49th AVEN
AOL6A	Apt 6A
St. netersburg, FL 337 14	Stocksburg, FL
<del></del>	J.

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:

Jessica Pipkin

Name

3600 49th Ave N Apt 6A

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

St. peters burg FL 33714

City State Zip

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	Title: "AMBR" = Authorized M	Name and Address:
	"MGR" = Manager Am BR	Jessico Diokin 3600 49 m Aven Apt 6A St. petersiourg: FL 33/14
	(Use attachment if necess:	y)
(If an ef) the date <u>Note:</u> [	fective date is listed, the da of filing.) f the date inserted in this bl	than the date of filing:
ARTICI	Æ VI: Other provisions, if a	ıy.

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.

Jessica Piokio
Typed or printed name of signee

## 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)