L21000459696

(Requestor's Name)	
(Address)	3003740
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	10/21/21010
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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OCT 22 2021

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Campos Cleaning Company 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:
Klaudya Fabelo Name of Person
Campas Cleaning Company 1.1.
1205 Su 117th Ct Miami F1 33184
Migoni Florida 33184 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$160.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia سر	•	•		
(ame	°05	Cleaning	Company, "L.L.C.," or "LL	y LLC
(Must	contain the	words "Limited Liability (Company, "L.L.C.," or "LL0	C.")
ARTICLE II - Address:	sua malalmana	aftha minuinal uffice afth	ne Limited Liability Compa	

Principal Office Address:	Mailing Address:
1205 say 117 th Ct Migmi FL 33184	1205 see 117 th Miami Fl 331841
ARTICLE III - Registered Agent, Registered Office, & Regist The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	ed Agent. You must designate an individual or
Kiaudya For	abelo (SSEE) The character of the charac
Florida street address (P.O. Bo Migm, Fl City Sta	33 <i>184</i> 8 8

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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Francisco M Campos Muniz 1205 Sw 117th Ct Migm. FL 33184
AMBR	Klaudya Fabelo 1700 Sw 1177 Ct Miam, FL 33184
	A A C C C C C C C C C C C C C C C C C C
	\$\frac{21}{88886} \frac{21}{12}
(Use attachment if necessary)	CORIDE STATE
If an effective date is listed, the date must be spe he date of filing.)	of filing:
REQUIRED SIGNATURE:	
This document is execut I am aware that any false	ember or an authorized representative of a member. ied in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State

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)