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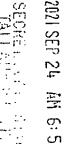
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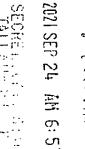


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09/24/21--01027--007 **125.00







ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:	
The name of the Limited Liability Company is:	

Limited Liability Company is:

Big Apple Cleaning Services LLC (Must contain 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:
4112 Little Rose Lane Unit 2017 Divenport IL 33596	4112 Little Rose Lane Unit 207 Davenport, FL 3-18976.

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:

Julissa Gonzalez Name 4112 Little Rose Lane Unit 2017 Florida street address (P.O. Box NOT acceptable) Davenport FL 33896.
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.,

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:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>CEO</u>	<u>.)Ulissi (10124182</u>
	4112 Little Box Line Unit 201
	Davenport . FL 35316
(D. Fored)	F1 NOLU
CO-Fairrler	Fider Notel 4112 Line Rese Line unit 201
	Drivenizat FL 33590
(Use attachment if necessary)	
tument's effective date on the Departr LE VI: Other provisions, if any,	nent of State's records.
REQUIRED SIGNATURE:	A .
(Lillians C	Genrelan
/ Signature of	a member or an authorized representative of a member.
This document is ex	secuted in accordance with section 605,0203 (1) (b), Florida Statutes.
I am aware that any	
constitutes a third de	false information submitted in a document to the Department of State
	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
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\$125.00 Filing Fee for Articles of	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. 150 GON2002 Filipped or printed name of signee Filipped Fees: Organization and Designation of Registered Agent
S125.00 Filing Fee for Articles of S 30.00 Certified Copy (Optiona	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. 1550 CON20162 Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent (1)
\$125.00 Filing Fee for Articles of	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. 1550 6002002 99 Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent (1)