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(Re	questor's Name)	-
(Add	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	= #)
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T. SCOTT JAN 14 2022



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COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT:	G Pressu Name of Lim	re Cleaning & Resisted Liability Company	madeling LLC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	panel Go	nnzalez Name of Person	·
	JDG Pres	Sure Cleaning	* Remodeling LLC
	1458 NW 10	03 rd St	
		Address	
	MIAMI, +	E/ 33147	
	JDGPressi	[] 33147 ty/State and Zip Code sie@gmail.com	7
		for future annual report notificati	
For further information co	ncerning this matter, please	call:	
	Gonzalez at (3 e of Person Ar	805) <u>173-673</u> ea Code Daytime Telephon	
Enclosed is a check for the	ne following amount:		
□\$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address	Street Address New Filing Section De	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

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:
1458 NW 103rd St	1458 NW 103rdsf
Miami, fl 33147	Higmi, FL 33147

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:

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

Hiami Florida 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)

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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			
<u>AMBR</u>	Joanel Gonzalez		
	1458 NW 1036 St MIOMI, EL 33147		
	Miam, El 33147		
	711 22 17		
			
(Use attachment if necessary)			
ARTICLE V. Effective date if other than the date	to of filing: (OPTIONAL)		
(If an effective date is listed, the date must be s	te of filing:		
the date of filing.)			
<u>Note:</u> If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed as		
·	tot State 8 records.		
ARTICLE VI: Other provisions, if any.			
			
REQUIRED SIGNATURE:			
RESURED SIGNATURE	and		
	212		
Signature of a h This document is exec	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes.		
I am aware that any fals	se information submitted in a document to the Department of State		
	ee felony as provided for in s.817.155. F.S.		
	Typed or printed name of signee		
\sim	/ 1 yped 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)