L22006214136





500386455655

04/25/22--01034--018 **160.00

B. CHATHAM SOUS DS YAM 22 APR 25 AM 3: 50

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC	Sunshine of SWFL Cleaning Services LLC	
	Name of Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	Steve Sylvain Polche	
	Name of Person	
	Sunshine of SWFL Cleaning Services LLC	
	Firm/Company	
	6475 College Park Cir #308	
	Address	
	Naples, FL 34113 City/State and Zip Code	
	steve.polche@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further	rinformation concerning this matter, please call:	
	Steve Sylvain Polche at (
	Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	
\$ 125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) (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 of Corporations Clifton Building Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Sunshine of SW	/FL Cleaning Service	es LLC
(Must contai	n the words "Limited"	Liability Company,	"L.L.C.," or "LLC.")
ICLE II - Address:			
nailing address and street add	fress of the principal o	ffice of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
6475 College Park Cir #	#308	6475	College Park Cir #308
Naples, FL 34113		Nanto	es, FL 34113
Limited Liability Company c.	annot serve as its own	& Registered Agent. Y	t's Signature:
ICLE III - Registered Agen Limited Liability Company c er business entity with an ac-	annot serve as its own tive Florida registratio Idress of the registered	& Registered Agen Registered Agent. Y	
Limited Liability Company core business entity with an act	annot serve as its own tive Florida registratio	& Registered Agen Registered Agent. Y	t's Signature:
Limited Liability Company e er business entity with an ac- name and the Florida street ad	annot serve as its own tive Florida registratio Idress of the registered	& Registered Agent. You.) Lagent are: Name	t's Signature:
Limited Liability Company e er business entity with an ac- name and the Florida street ad	annot serve as its own tive Florida registratio Idress of the registered Steve Sylvain Polche	& Registered Agent Negistered Agent No.) I agent are: Name	t's Signature: Tou must designate an individual
Limited Liability Company e er business entity with an ac- name and the Florida street ad	annot serve as its own tive Florida registratio Idress of the registered Steve Sylvain Polche 6475 College Park Ci	& Registered Agent Negistered Agent No.) I agent are: Name	t's Signature: 'ou must designate an individua

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)

EC AIT R 25 AM 3: 50

ARTICLE IV-

Burney Burney

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

"MGR" = Manager AMBR Steve Sylvain Polche 6475 College Park Cir #308 Naples, FL 34113 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:	Title: "AMBR" = A	thorized Member	Name and Address:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) **LE V: Effective date, if other than the date of filing: (OPTIONAL)		ager	Steve Sulvain Polche	
(Use attachment if necessary) (LE V: Effective date, if other than the date of filing: feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I nument's effective date on the Department of State's records. (LE VI: Other provisions, if any. REOURED SIGNATURE	AWITH			
(Use attachment if necessary) **LE V: Effective date, if other than the date of filing:				
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (ivapies, FE 34113	
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (·
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (·	
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (·
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (·	
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (
REOURED 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. Sieve Sylvain Polche Typed or printed name of signee (OPTIONAL) (<u> </u>	
REOURED 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. Steve Sylvain Polche Typed or printed name of signee				
REOURED 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. Steve Sylvain Polche Typed or printed name of signee				
ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be laument's effective date on the Department of State's records. ILE VI: Other provisions, if any. 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. Steve Sylvain Polche Typed or printed name of signee	(Use attachme	it if necessary)		
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. Steve Sylvain Polche Typed or printed name of signee	ffective date is li e of filing.) If the date insert	sted, the date must be speed in this block does not n	secific and cannot be more than five business days pricenteet the applicable statutory filing requirements, this da	or to or 90 days
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. Steve Sylvain Polche Typed or printed name of signee	ffective date is li e of filing.) If the date insert ument's effectiv	sted, the date must be speed in this block does not not date on the Department	secific and cannot be more than five business days pricenteet the applicable statutory filing requirements, this da	or to or 90 days
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. Steve Sylvain Polche Typed or printed name of signee	ffective date is lie of filing.) If the date insert nument's effective the date insert nument's effective the VI: Other present the	sted, the date must be speed in this block does not not de date on the Department ovisions, if any.	secific and cannot be more than five business days pricenteet the applicable statutory filing requirements, this da	or to or 90 days
Typed or printed name of signee	ffective date is lie of filing.) If the date insert nument's effective the date insert nument's effective the VI: Other present the	ed in this block does not not a date on the Department ovisions, if any.	secific and cannot be more than five business days pricenteet the applicable statutory filing requirements, this da	or to or 90 days
Typed or printed name of signee	ffective date is lie of filing.) If the date insert nument's effective the date insert nument's effective the VI: Other present the	ed in this block does not not a date on the Department ovisions, if any. SIGNATURE X Signature of a me This document is execut I am aware that any false	meet the applicable statutory filing requirements, this date of State's records. ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Floridate information submitted in a document to the Department	or to or 90 days te will not be li
Si s	ffective date is lie of filing.) If the date insert nument's effective the date insert nument's effective the VI: Other present the	ed in this block does not not a date on the Department ovisions, if any. SIGNATURE X Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida e information submitted in a document to the Departmer e felony as provided for in s.817.155, F.S.	or to or 90 days te will not be li
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)	ffective date is lie of filing.) If the date insert ument's effectiv LE VI: Other pre	ed in this block does not not a date on the Department ovisions, if any. SIGNATURE X Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida e information submitted in a document to the Department e felony as provided for in s.817.155, F.S. Steve Sylvain Polche	or to or 90 days te will not be li
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	ffective date is lie of filing.) If the date insert nument's effective the date insert nument's effective the VI: Other present the	ed in this block does not not a date on the Department ovisions, if any. SIGNATURE X Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida e information submitted in a document to the Department e felony as provided for in s.817.155, F.S. Steve Sylvain Polche	or to or 90 days te will not be li
S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	ffective date is lie of filing.) If the date insert ument's effectiv LE VI: Other pre	ed in this block does not not a date on the Department ovisions, if any. SIGNATURE X Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida in information submitted in a document to the Department e felony as provided for in s.817.155, F.S. Steve Sylvain Polche Typed or printed name of signee	a Statutes.
S 5.00 Certificate of Status (Optional)	ffective date is lice of filing.) If the date insert ument's effectiv LE VI: Other property of the property o	ed in this block does not not does not does not not does not	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida is information submitted in a document to the Department of elony as provided for in s.817.155, F.S. Steve Sylvain Polche Typed or printed name of signee Filing Fees:	a Statutes.
	ffective date is lie of filing.) If the date insert nument's effective the VI: Other property of the Property	ed in this block does not not a date on the Department ovisions, if any. SIGNATURE X Signature of a me This document is execut I am aware that any false constitutes a third degree	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida is information submitted in a document to the Department of elony as provided for in s.817.155, F.S. Steve Sylvain Polche Typed or printed name of signee Filing Fees:	a Statutes.