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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 HAY 16 AM 9: 38

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Moon Light Maids 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:
Donnetta Itayes  Name of Person
18
- Moonlight Maids LC
U U
756-Whito St Address
Address
Day tona Beach FL. 32114  City/State and Zip Code  donne Hahayes 2013 9 mail. Com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donne Hay Hay Par ( ) 386-214-31.57  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division
Division of Corporations  The Centre of Tallahassee  P.O. Box 6327  2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Company, "L.L.C.," or "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:  - 756 White St  Day force 13 each, F  321/2/	/,
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:    Donne Ha Hayes     Name     T56 Wnite St     Florida street address (P.O. Box NOT acceptable)     Day tona Peach Fl. 32/14     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 (REQUIRHD)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	J. A. Hayes
	Nonnethe Hayes 756-White St
	Daytona Beach, F1. 32114
he date of filing.)	e of filing: May 14, 2027 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed a  t of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Donnetta & Hays
This document is executed any false that any false	nember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
<del></del>	Typed or printed name of signee
	Filing Foos

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)