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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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06/09/29-0163--015 **125.00

2022 JUN 17 PH 5: 09

RECEIVED

COVER LETTER

TO:

New Filing Section Division of Corporations

> Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: The Cleaning Services of Florida 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:
Thelma Rhodes - Lakisha Wilson · Creshonia Jos
The Cleaning Services of Florida Firm/Company
1900 Centre Pointe Blyd - 286 Address
Talluhasste Fta 32308 City/State and Zip Code
E-mail address: (tobe 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 □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section Division

The Centre of Tallahassee 2415 N. Monroe Street, Sinte 810

Tallahassee, FL 32303



June 10, 2022

LAKEISHA WILSON 1900 CENTRE POINTE BLD. #286 TALLAHASSEE, FL 32308

SUBJECT: ART'S CLEANING CO Ref. Number: W22000077885

We have received your document for ART'S CLEANING CO and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 222A00013046

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:			
The name of the Limited Liability Company is:			2022 JUN 17 PM 5: 0
TLC Cleaning Se (Must contain the words "L	ervices of	Flirida L	LC SEGMANN
(Must contain the words 4.	imited Liability Compa	my, "L.L.C.," or "LLC,")	TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1900 Centre Pourte Blyd - 236	1833 Halstend Blyd-Apt-1105
Tallahasser Fr 32305	Tallahasser Fl. 32304 32309

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:

Name

1900 Centre Pointy Blyd - 286

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

1919 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. Thereby 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.

(CONTINUED)

v <u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	esame and Address:
"MGR" = Manager	1900 Centre Points Bird 14114hasser L 32315
MGR	The mic Rhides 1833 Hastrad Blad Apt 105 Talleherser in 32709
MGR	Cichonda Jinos 33370 Blue Star Hay Apt 49 402 Midray Midway Tu 32343 402
	SHUR OF A
(Use attachment if necessary)	<i>්</i>
the date of filling t	e specific and cannot be more than five business days prior to of 90 days at the specific and cannot be more than five business days prior to of 90 days at the specific and cannot be be to meet the applicable statutory filing requirements, this date will rate to be be to the specific and cannot be be to the specific and cannot be be to the specific and cannot be the specific and cannot be more than five business days prior to of 90 days at the specific and cannot be used to be b
ARTICLE VI: Other provisions, if any,	
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REOUIRED 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.

Lancishs Wilson
Typed 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)