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| (Address)                               |                |
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| (City/State/Zip/Ph                      | one #)         |
| PICK-UP WAIT                            | MAIL           |
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| (Boodinent Harris                       | ,              |
| Certified Copies Certifica              | ates of Status |
|   |                |
| Special Instructions to Filing Officer: |                |
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S. CHATHAM JUL 15 2022

TALLAHASSEE, FLORIDA

2022 JUL 15 PH 2: 55 22 JUL 15 MH 4: 57

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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|                  | <del></del>                   |   |
|------------------|-------------------------------|---|
| THOROUGHLY O     | CLEANSED CLEANING             |   |
| SERVICES LLC     |                               |   |
|                  |                               |   |
|                  |                               |   |
|                  |                               |   |
|                  |                               | Art of Inc. File                                    |
|                  |                               | LTD Partnership File                                |
|                  |                               | Foreign Corp. File                                  |
|                  |                               | L.C. File   |
|                  |                               | Fictitious Name File                                |
|                  |                               | Trade/Service Mark                                  |
|                  |                               | Merger File   |
|                  |                               | Art. of Amend. File                                 |
|                  |                               | RA Resignation                                      |
|                  |                               | Dissolution / Withdrawal                            |
|                  | Annual Report / Reinstatement |   |
|                  |                               | Cert. Copy  |
|                  |                               | Photo Copy  |
|                  |                               | Certificate of Good Standing                        |
|                  |                               | Certificate of Status                               |
|                  |                               | Certificate of Fictitious Name                      |
|                  |                               | Corp Record Search Officer Search Fictitious Search |
|                  |                               | Officer Search                                      |
|                  |                               |   |
| Signature        |                               | Fictitious Owner Search                             |
|                  |                               | Vehicle Search                                      |
|                  |                               | Driving Record                                      |
| Requested by: BA | 7/15/22                       | UCC For 3 File                                      |
| Name             | Date Time                     | UCC 11 Search                                       |
| Walk-In          | Will Pick Up                  | UCC 11 Retrieval                                    |
| 11 H 1 K - 1 H   | U ANTERIOR OD                 | Courier   |

## COVER LETTER

| TO: New Filing Section Division of Corporations        |   |   |       |
|--|---|---|-------|
| SUBJECT: Thoroughly Name or Lin                        | Clean Sed Cleanied Liability Company                                | aning Servi   | us LU |
| The enclosed Articles of Organization and fee(s) ar    | e submitted for filing.   |   |       |
| Please return all correspondence concerning this ma    | atter to the following:   |   |       |
| Douglas T  | Freeman Ji<br>Name of Person  | · .   | -     |
| <del></del>  | Firm/Company  |   | -     |
| 5012 SW 915+   | Address   |   | -     |
| Freeman Douglass. E-mail address: (to be used          |   | Om<br>on)   | -     |
| For further information concerning this matter, please | call:   |   |       |
| at (at (at (   | rea Code Daytime Telephone  | Number  |       |
| Enclosed is a check for the following amount:          |   |   |       |
| □\$125.00 Filing Fee & Certificate of Status           | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |       |
| Mailing Address  | Street Address  |   |       |
| New Filing Section                                     | New Filing Section Div  |   | JT 3  |
| Division of Corporations P.O. Box 6327                 | The Centre of Tallahas<br>2415 N. Monroe Street                     |   | 7,    |
| Tallahassee, FL 32314                                  | Tallahassee, FL 32303   |   |       |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Thoroughly Clean Sed Cleaning Services UC (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:

5012 SW 91ST AVE COOPER CITY, FL 33328 5012 SW 91ST AVE COOPER CITY, FL 33328

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

5012 SW 91ST AVE COOPER CITY, FL

33328

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..

(COMPINITED)

(CONTINUED)

| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:  |
|--|--|
| "MGR" = Manager<br>AMBR  | DOUGLAS T. FREEMAN JR.   |
| _  | 5012 SW 91ST AVE   |
|  | COOPER CITY, FL  |
|  | 33328  |
|  | <del></del>  |
|  |  |
|  |  |
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| (Use attachment if necessary)  |  |
| CLEV: Effective date, if other than the da   | te of filing: (OPTIONAL)   |
| effective date is listed, the date must be s   | specific and cannot be more than five business days prior to or 90 days after                            |
| te of filing.)   |  |
| If the date inserted in this block does not cument's effective date on the Departmen | meet the applicable statutory filing requirements, this date will not be listed a at of State's records. |
| ·  |  |
| CLE 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.

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)

22 JUL 15 AH I. F.