

L22 000345597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

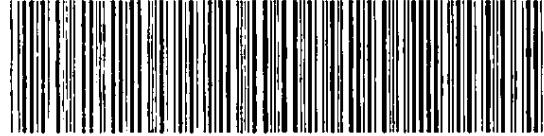
(Document Number)

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S. CHATHAM

AUG - 8 2022

09/01/22 - 01/01/23 \$125.00

U.S. DEPARTMENT OF JUSTICE
TALLAHASSEE, FLORIDA

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2022 JUL 29 PM 3:37

22 JUL 31 AM 6:57



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2022

JACQUELYN DENNIS
1413 VICTORIA ST.
TALLAHASSEE, FL 32310 US

SUBJECT: DENNIS CLEANING SERVICE
Ref. Number: W22000099768

We have received your document for 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L04000009953.

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.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 822A00017127

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2022 AUG -8 AM 11:56

TALLAHASSEE

22 JUL 31 AM 6:06

COVER LETTER

TO: New Filing Section
Division of Corporations

Jacquelyn DENNIS

SUBJECT:

Cleaning Service 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:

Jacquelyn DENNIS

Name of Person

Jacquelyn DENNIS Cleaning Service LLC

Firm/Company

1413 Victor Lash

Address

Tallahassee FL 32310

City/State and Zip Code

1413cake@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquelyn DENNIS at (850) 345-0464

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

22 JUL 31 2:14 6:06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacquelyn Dennis Cleaning Service 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:

1413 VICTORIA St.
TALL. Fla 32310

1413 VICTORIA St.
TALL. Fla, 32310

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:

Jacquelyn DENNIS
Name
1413 VICTORIA St.
Florida street address (P.O. Box NOT acceptable)
TALL. FL. 32310
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..

Jacquelyn Dennis
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUL 31 AM 6:06

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jacquelyn Dennis

1413 Victoria St.

Tall, FL 32310

(Use attachment if necessary)

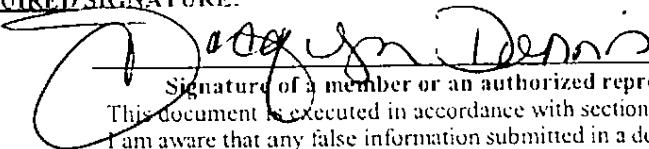
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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.

Jacquelyn Dennis

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 31 AM 6:06