

L22000445884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 AUG 29 AM 11:27
STATE OF ARIZONA
CLERK OF SUPERIOR COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 AUG 29 AM 10:30

AGENT
SERIAL
7/28

June 8, 2021

HELEN BBARLOW
2264 LEWIS ROAD
MILTON, FL 32570

SUBJECT: HBBCLEANING
Ref. Number: W21000083429

We have received your document for HBBCLEANING and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Shareta Backey
Regulatory Specialist II

Letter Number: 321A00012570

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2022 AUG 29 AM 11:27
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2022 AUG 29 AM 11:27

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HBBCLEANING Limited Liability Company
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:

HELEN BBARLOW

Name of Person

HBBCLEANING

Firm/Company

2264 LEWIS ROAD

Address

MILTON FLORIDA, 32570

City/State and Zip Code

helenbarlow98@yahoo.com

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

For further information concerning this matter, please call:

Helen B. Barlow 32570 8502818607
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 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABB Cleaners Limited Liability Company

(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:

HELEN B. BARLOW
2264 LEWIS ROAD
MILTON FLORIDA 32570

HELEN B. BARLOW
2264 LEWIS ROAD
MILTON, FLORIDA 32570

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:

HELEN B. BARLOW
Name

2264 LEWIS ROAD
Florida street address (P.O. Box **NOT** acceptable)

MILTON FLORIDA 32570
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.

HBB Barlow
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

HELEN B. BARLOW
2264 LEWIS ROAD
MILTON FLORIDA 32570

(Use attachment if necessary)

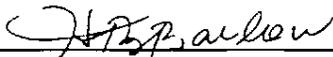
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

HELEN B. BARLOW
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)

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 FILED
 THE DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA