

L22000463292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

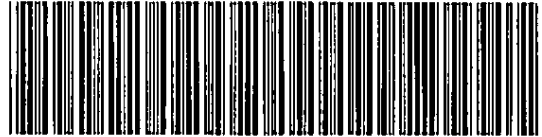
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/26/22-- 01023--003 **100.00

22 AUG 28 6 PM '23
SECRETARY OF STATE
FALL WASSER 14 PM '23

FILED





FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2022

ALLISON SPRINGFIELD
8037 MARION CIRCLE
JACKSONVILLE, FL 32208

SUBJECT: RED ANGEL'S AMAZING CLEANING SERVICES L.L.C.
Ref. Number: W22000115270

We have received your document for RED ANGEL'S AMAZING CLEANING SERVICES L.L.C. 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 registered agent must sign accepting the designation.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 422A00020192

22 AUG 26 AM 3:13
SECRETARY OF STATE
TAMARA HASSLER, CLERK

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Red Angel's Amazing Cleaning Services L.L.C.
(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Allison Springfield
7370 Hammond Boulevard
Jacksonville FL 32220

Mailing Address:

Allison Springfield
8037 Marion Circle
Jacksonville FL 32208

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

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

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 (REQUIRED)

(CONTINUED)

22 AUG 26 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Authorized member

Janeisha Jones

8037 Marion Circle

Jacksonville FL 32203

Manager

Allison Springfield

3037 Marion Circle

Jacksonville FL 32203

(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:

Allison Springfield

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.

Allison Springfield

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 AUG 26 AM 9:03
SECRETARY OF STATE
FALLAHASSEE, FL 32110

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT 25 PM 1:33

September 12, 2022

ALLISON SPRINGFIELD
8037 MARION CIRCLE
JACKSONVILLE, FL 32208

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ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 422A00020192

22 AUG 26 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Red Angel's Amazing Cleaning Services
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:

Allison Springfield

Name of Person

Firm/Company

8037 Marion Circle

Address

Jacksonville Florida 32208

City/State and Zip Code

www.springfieldallison@yahoo.com

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

For further information concerning this matter, please call:

Allison Springfield at (904)

Name of Person

Area Code

325-8245

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

SECRETARY OF STATE
TALLAHASSEE, FL 32303

22 AUG 26 AM 9:03

FILED

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(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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

Principal Office Address:

Allison Springfield
7870 Hammond Boulevard
Jacksonville FL 32220

Mailing Address:

Allison Springfield
8037 Marion Circle
Jacksonville FL 32208

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:

Ja'Veisha Jones
Name
4170 Woodley Creek Rd
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32218
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.

Ja'Veisha Jones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 AUG 26 AM 9:30
SECRETARY OF STATE
ALL AMESSES

FILED

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Title:

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"MGR" = Manager

Name and Address:

Authorized member

Janeisha Jones
8037 Marion Circle
Jacksonville FL 32208

Manager

Allison Springfield
8037 Marion Circle
Jacksonville FL 32208

(Use attachment if necessary)

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Allison Springfield

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Allison Springfield
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\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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