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## **COVER LETTER**

Division of Corporations
SUBJECT: Name of 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:
Nova Kathleen Zavorski
Name of Person
Firm/Company
2021 NW 2944 Ct.
2021 NW 2944 Ct. Address
Ocala, Florida 34475  City/State and Zip Code  Norak Bavorski & amail Com  Femail address: (to be used for future annual report notification)
norak Bavorski @ amail com
Finail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status (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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	lity Company is:		
	orals Clean	<u> </u>	
(Must cor	ntain the words "Limited Lial	bility@ompany, "L.L.C.," or "LLC.")	

## ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:	Mailing Address:
2021 NW 29th Ct:	2021 NW 244 Ct.
Ocala, FL. 34475	Ocala, F.L. 34175
	1/1/1/1/1/1

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:

Lenneth Walter Zavovsk

Name

7590 SW 15th PL.

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

Ocala, FL. 3474

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)

ARTICLE IV-

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

. . . .

"AMBR" = Authorized Member "MGR" = Manager	
-/VL	Nora Kathleen Zavarski
	DODI NIVI DALL G. Ocala, Ft. 34/2
(Use attachment if necessary)	
i effective date is listed, the date must be si	pecific and cannot be more than five business days prior to or 90 days afte
	meet the applicable statutory filing requirements, this date will not be listed
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If the date inserted in this block does not document's effective date on the Departmen  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURES:  Signature of a n  This document is exec	t of State's records.  Lember or an authorized representative of a member.  Stated in accordance with section 605.0203 (1) (b), Florida Statutes see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
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