(Requestor's Name) (Address)	700409888787
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	FILED 2023 JUN 19 PH 8: 07 SECRETARY OF STATE TALLAHASSES, FL
(Document Number) Certified Copies Certificates of Status	06/19/2301002013 **160.00
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COVER LETTER

Division of Corporations
SUBJECT: Humble Hands Cleaning Service 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:
Natalie Bacoks Name of Person
Firm/Company
2528 Chateau Lanc
City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail 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
Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

TO:

New Filing Section

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 2023 JUH 19 PM 8: 07 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED I LABILITY COMPANY

Principal Office Address:	Mailing Address:
2528 Chateaulane	
TOTTANASSE ETUCICLE	
32311	
-	Lament's Signature:

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

DSDE Character (P.O. Box NOT acceptable)

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

City State 7in

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 further agree to comply with the provisions of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-	ed to manage and control the Limited Liability Company:
	Name and Address:
Title: "AMBR" = Authorized Member "MGR" = Manager Discharge Manager	Natalie Barnes
(If an electrical)	of filing: (OPTIONAL) reific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
the document's crieding	of State's records.
ARTICLE VI: Other provisions, if any.	
Signature of a I	nember or an authorized representative of a member. The state of a member of a
constitutes a third deg	lse information submitted in a document to the second submitted submitted in a document to the second submitted submitted in a document to the second submitted su

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)