L23000310622

(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



100408250271



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2023

ANTHONY WALKER LA FAMILIA W & O CLEANING SERVICES 507 JACKS WAY DAVENPORT, FL 33837 US

SUBJECT: LA FAMILIA CLEANING SERVICES LLC

Ref. Number: W23000073352

We have received your document for LA FAMILIA CLEANING SERVICES LLC 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.

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 (850) 245-6052.

Dil Sultana Regulatory Specialist II

Letter Number: 523A00011663 (17)

COVER LETTER

	s Filing Sec ision of Cor			
SUBJECT:	La Fo	milia Walland Name of Limi	Cleaning Service	ces
The enclosed	f Articles of	Organization and fee(s) are	submitted for filing	
Please return	all correspo	ondence concerning this mat	ter to the following	
-		Anthony	Walker Name of Person	
-	La	Familia Wao	Cleaning Serv	lices
-		507 Ja	achs Way	
-		Savenport F	24 33837 ty/State and Zip Code O1@gmq11.Com for future annual report notificati	
-	ω_{0}	Theranthony 5	ol@gmail.Com	2023
For further inf		ncerning this matter, please		2023 JUN 14
.4	Anthon Nam	y Walker all	203 443-442 ca Code Daytime Telephon	JUNIU PH 1: 05 IV.LLAHASSEE, FL
Enclosed is a	i check for th	ne following amount		EVLE LYLE
⊒\$125 00 1	filing Fee	□\$130 00 Filing Fee & Certificate of Status	□\$155 00 Fiting Fee & Certified Copy (additional copy is enclosed)	★\$160 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address	Street Address	

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

Services LLC ony, "LLC." or "LLC.")
my, true, or the
nted Liability Company is
Mailing Address:

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

ARTICLE I - Name:

Anthony	Name Name	
507 Jack		L'an antible
Florida street addre	F.L	33837
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 diffes and for an 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

Title:	Same and Address:	
"AMBR" = Authorized Memb "MGR" = Manager	per .	
MGR	Anthony Walker	
	501 Sacks way	
	Bavenport FL 33837	
AMBR	Juleiny Ambert	
	Savenport FL 33837	
	Davenport FL 33237	
(Use attachment (l'necessary)		
ARTICLE V: Effective date, if other than	ran the date of filing Hayo - 05 - 2623 (OPTIONAL)	
(If an effective date is listed, the date r the date of filing.)	must be specific and cannot be more than five business days prior to or 90 da	iys after
	does not meet the applicable statutory filing requirements, this date will not be	e listed as
the document's effective date on the De	Department of State's records	
ARTICLE VI: Other provisions afany	23	o- 1
· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		— ţ
	<u>σ</u>	<u> </u>
REOURED SIGNATURE:	Dulle =	
<i>U</i>	1. Wy fr	er.
Signatu	are of a member or an authorized representative of a member.	
I am aware the	nt is executed in accordance with section 605 0203 (1) (b). Florida Statutes at any false information submitted in a document to the Department of State	
constitutes a th	bird degree felony as provided for m s 817 155, F.S.	
	Anthony Walker Typed or printed name of signee	
-	Typed or printed name of signee	

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)