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PICK-UF	WAIT	MAIL
	(Business Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Squeaky Kleano UC 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:				
Theodorsa Hardy Name of Person				
Firm/Company				
85 Monice Creek Drive				
Midway Fl 30343 City/State and Zip Code Heav'llang Mahan. Com				
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:				
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address New Filing Section Street Address New Filing Section Division				

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

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
85 Marroe Crack	St menry Crack Dr
HOLD MICHIGAN	- Midical FI
	

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
SS Muhrue Creek.

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

Midlear F 333/3

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)

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ARTICLE IV-

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

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
Manag	"MGR" = Manager Theodorsia Hardy	85 Monroe Creek Drive M	1 due 1 F
Manage-	Demarcus Wiking	3323 Maxlin. Tall, F1 30) 311
Authorized memir	Alaina Gainnas	212 Lovelace Drive Apt.9	Tall,F1 3230
uthrize'd membr	Shaniecia Ranson	2001 Old St. Augustine Red Takanassee Fil 32301	
(If an e the dat	ffective date is listed, the date must be specif e of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90	•
the doc	cument's effective date on the Department of S	t the applicable statutory filing requirements, this date will not State's records.	be fisted as
	This document is executed I am aware that any false in constitutes a third degree fe	per of an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. Typed or printed name of signee	
	\$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: nization and Designation of Registered Agent	2023 Jul 19