

L23000417462

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
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Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
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Email Address: 007sonwil@gmail.com

RECEIVED

2023 SEP -8 PM 4:17

FLORIDA  
DIVISION OF  
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FLORIDA LIMITED LIABILITY CO.

Florida Maids Cleaning Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FLORIDA  
DIVISION OF  
CORPORATIONS

2023 SEP -8 PM 1:05

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Maids Cleaning Services, LLC

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

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:400 North Ashley Drive #1900  
Tampa, FL 33602400 North Ashley Drive #1900  
Tampa, FL 33602

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Wilson A. Collazo

Name

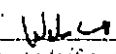
400 North Ashley Drive #1900Florida street address (P.O. Box NOT acceptable)Tampa

City

FL 33602

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.*

  
can andri (Sep 8, 2023 14:27:03)

Registered Agent's Signature (REQUIRED)

Wilson A. Collazo

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CLERK OF DISTRICT COURT  
HALL COUNTY, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Wilson A. Collazo

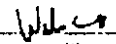
400 North Ashley Drive #1900

Tampa, FL 33602

(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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**  
605.0203 (1)(b), Florida Statutes**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Wilson A. Collazo

Typed or printed name of signee

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