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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

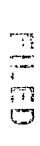
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	Sew Filing Se Division of Co					
SUBJEC	Char's Cle	aning Services LI	LC			
SOBJEC	' ·	Na	ime of Lin	nited Liabi	lity Company	
The enclo	sed Articles of	Organization and	f fee(s) are	e submitted	l for filing.	
Please reti	ırn all corresp	ondence concerni	ng this ma	itter to the	following:	
	Charlotte S.	Beard				
				Name of	Person	-
	Char's Clear	ning Services, I.L.	С			
			.	Firm/Co	mpany	
	2380 W. Na	utilus Rd.				
				Addı	ess	
	Avon Park, l	FL 33825				
	eshbeard@ao	L.com	C	ity/State an	d Zip Code	
			o be used	for future a	anual report notificat	ion)
For further i	nformation co	ncerning this mat	ter, please	call:		
	Danielle M S	haw	9(). at (1	449-1715	
	Nam	e of Person			Daytime Telephon	· · · · · · · · · · · · · · · · · · ·
Enclosed is	s a check for the	he following amou	unt:			
□\$125.00	Filing Fee	□\$130.00 Filir Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section			Street Address New Filing Section Di	ivision

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

Char's Cleaning				
(Mus	t contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal	office of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
2380 W. Nautil		Sam	<u>v</u>	
Avon Park, FL	33825			
ARTICLE III - Registere The Limited Liability Con nother business entity wit	d Agent, Registered Office, npany cannot serve as its owr h an active Florida registratio	n Registered Agent. (on.)	nt's Signature: You must designate an individual	lor
ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, ipany cannot serve as its owr	n Registered Agent. (on.)	nt's Signature: You must designate an individual	lor
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, ipany cannot serve as its owr h an active Florida registration treet address of the registered	n Registered Agent. (on.)	nt's Signature: You must designate an individual	_
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, apany cannot serve as its own han active Florida registration treet address of the registered Charlotte S. Beard	n Registered Agent. on.) d agent are:	nt's Signature: You must designate an individual	_
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, ipany cannot serve as its owr h an active Florida registration treet address of the registered	n Registered Agent. on.) d agent are: Name	You must designate an individual	l or
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, npany cannot serve as its own han active Florida registration treet address of the registered Charlotte S. Beard 2380 W. Nautilus Re	n Registered Agent. on.) d agent are: Name	You must designate an individual	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Charlotte S. Beard 2380 W. Nautilus Rd. Avon Park, FL 33825 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 09/26/2023 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to og 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes. 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. Charlotte S. Beard Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Dear Dept of DIVISION I am Writing this letter? Yest to inform the department of Lerporations know that me doing this with a UC is only ofer tax purposes, I don't plan on making this a big Company I just have some side Jels of Cleaning that Im doing for new for people, I understand it is my responsability to have to pay taxes on this lettles bit of money I make closing this It from taken me some time to ever come up with 160,00 to ever do this registration, I mean then is taking oway from me loca paying bry bills, but I am being told I have to do it so I'm yust letting the department know that et is east my untentions to make this a Carreir. In just a struggling mon trying to make enough money to live on and pay our vills so We are not homeloss. If you need any further information please feel free to Call Me at 863-1447-3717 Thank you you time. Charlette Beard. P.S. (1)