

L24000105990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

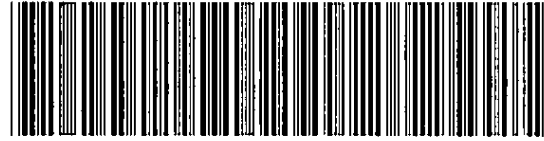
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SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAR -5 AM 4:01

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TALLAHASSEE FL

2024 MAR -5 PM 3:10

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SUPERIOR CLEANING SERVICES OF NWFL, LLC
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:

CHRISTINA STIERS
Name of Person
SUPERIOR CLEANING SERVICES OF NWFL, LLC
Firm/Company
21101 PANAMA CITY BEACH BLVD
Address
PANAMA CITY BEACH, FL 32413
City/State and Zip Code
christinastiers-6262@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Stiers at (850) 708 4449
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
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

SECRETARY OF STATE
TALLAHASSEE, FL
2024 MAR -5 AM 8:04

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUPERIOR CLEANING SERVICES OF NW FL, LLC

(Must contain 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:

21101 Panama City Beach Pkwy #1205
Panama City Beach FL 32413

PO. Box 611245
Rosemary Beach, FL
32461

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:

CHRISTINA STIERS

Name

21101 Panama City Beach Pkwy #1205

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

Panama City Beach, FL 32413

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.

Christi Stiers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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MAR -5 AM 1:04
TALLAHASSEE FL
STATE

ARTICLE IV-

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

MGR

CHRISTINA STIERS
21101 Panama City Beach Pkwy # 1205
Panama City Beach, FL 32413

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 17th 2024 (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.)

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:

Christina Stiers

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute. 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.

CHRISTINA STIERS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL
2024 MAR -9 AM 11:04

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Filing Fees:

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