## L24000 156209

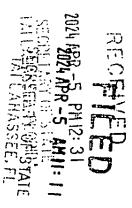
(1	Requestor's Name)	
(,	Address)	
(,	Address)	
((	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(1	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: The finest Maid I Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Natalie Castro	
	Name of Person
	Firm/Company
2450 E. Hillsboroug	h Ave Apt 415
J	Address
Tampa FL 3361	y/State and Zip Code  APR  APR  APR
the linest maidin at	nottk ogmail.com
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please of	call:
Matalie Castro 11(8	13) 970-91686 = = = = = = = = = = = = = = = = = =
Name of Person Are	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□S125.00 Filing Fee □S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 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	Street Address  New Filing Section Division The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
The Finest Maid in a bottle 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:
2450 E. Hillstorough the 2450 E. Hillsborough Ave Tapipa Pl 331018 Tampa th 33010
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:  Madale Castro
Name
2450 F. Hillsborough Ave 415 Florida street address (P.O. Box NOT acceptable)
Tampa PL 33610.  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 turn familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.n.

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	Matalie Castro 2450 E. Hillsburgh A	IP
AMBR	Antonio Rivera 2450 E. Milsborough H Tainga Fl 33610	ve
AMBR AMBR	Asharti Young	<i>N</i>
AMBR	Mahki Stancil 19450 F. Hallborach And Tampa FL 33600	0
(Use attachment if necessary)		
the date of filing.)	pecific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this datesw	All not be listed as
	:بر <u> </u>	
This document is execu I am aware that any fals	nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Stase information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.	tutes. State
•	Typed or printed name of signee	

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

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)