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

Office Use Only



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FARY OF STATE ON TALLAHASSEE FLORIDATE

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: NICKYPBO CLEANING SERVICE 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:
Hansy Nicole Garcia Orlega Name of Person
Hunst Nicole Garcia Orlega Firm/Company
7457 Stone ciech trail
Kissimme FL 34747 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicole Ortege at () 407-617-8881 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NICKY (Must conta	PBO CLEANING in the words "Limited Liability C	Service LLC Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of th	e Limited Liability Company is:	
<u>Principa</u>	l Office Address:	Mailing Address:	
7457 Stone Kissimme	Creek trail FC 34747	7457 Stone cleek ticil Kissimme FL 34747	_
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own Registerective Florida registration.)	ed Agent. You must designate an individual or es: except OrTEGA ex trail	2024 APR - 5 AMII: II SECRETARY OF STATE TALLAHASSEE, FL
	Kissimme F City Sta	L 34747 te Zip	
place designated in this certificate, further agree to comply with the pro-	l hereby accept the appointment ovisions of all statutes relating to	ress for the above stated limited liability company is registered agent and agree to act in this capac the proper and complete performance of my dution the great as provided for in Chapter 605, F.S	city. I
	Hansy Nicole	Carcia Orfraga n's Signature (REQUIRED)	

(CONTINUED)

Title: "AMBR" = Autho		Name and Address:	
"MGR" = Manago _AMBR - M		Hansy N Garcia	
		7457 Stone Cleek fiell Kissimme FL 3474,	7
			2024 AF
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			= -
(Use attachment if	`necessary)	Line Control of the C	
If an effective date is listed he date of filing.)	f, the date must be in this block does no ite on the Departme	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day at meet the applicable statutory filing requirements, this date will not be not of State's records.	
			<u> </u>
REOUIRED SIG	NATURE:		
l a	nis document is execum im aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.	
	<u>Hans</u>	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)

\$ 5.00 Certificate of Status (Optional)