

L24 000164425

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000131482 3)))



H240001314823ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
A & A PROFESSIONAL CLEANING SERVICES LLC**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - NAME****THE NAME OF THE LIMITED LIABILITY COMPANY IS:****A & A PROFESSIONAL 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****504 SW 5TH AVE APT B
HALLANDALE BCH, FL 33009****504 SW 5TH AVE APT B
HALLANDALE BCH, FL 33009****ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

(The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration)

The name and the Florida street address of the registered agent are:

ALICIA ALTAMIRANO OROZCO

Name

504 SW 5TH AVE APT B

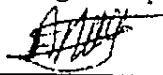
Florida street address (P.O. Box NOT acceptable)

HALLANDALE BCH, FL 33009

City, State, and 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 certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.

X


Registered Agent's Signature (Required)

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as Follows:

Title: Name and Address:
"MGR" = Manager
"MGRM" = Managing Member

MGRM ALICIA ALTAMIRANO OROZCO
504 SW 5TH AVE APT B
HALLANDALE BCH, FL 33009

(Use attachment if necessary)

**ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILING:
04/10/2024, (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.)**

REQUIRED SIGNATURE:

X



SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER
(in accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

ALICIA ALTAMIRANO OROZCO

Typed or printed name of signee