## L24000237475

(Re	questor's Name)	
(Ad	dress)	
	dress)	-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
`	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	]
		<u>.</u>

Office Use Only



800429325278

85716.000-01003-016 +9150.00

## RECEIVED

MAY 1 5 2024

2024 1... 10 ... 11: 4:2

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
Myrich's No Cap Cleaning 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:
5/07 W Ath Street	5/22.11) Ath & From 4
Liver of Barah	The state of the s
73474	3.3404 <b>Duan</b> , PL
	<u> </u>

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.)

he name and the Florida street a	address of the registered ago	ent are:	
	Crystal My	nck	
	502 W 4th	Strat	
	Florida street address (P.	0. Врх <b><u>NOT</u></b> ас	ceptable) 334w4
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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  Mystal Myrick  Jal W Ath Stript  Sixtieral Sheach For 334	Trub	
AMBA Thomas Mynick		
MBh Distice Norflest		
MBA Polora Myrick Bullia Beach, FL 33404		
•		
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:	prior to	or 90 days
ICLE V: Effective date, if other than the date of filing: (OP) effective date is listed, the date must be specific and cannot be more than five business days	prior to	or 90 days
ICLE V: Effective date, if other than the date of filing:	prior to	or 90 days
ICLE V: Effective date, if other than the date of filing:	prior to	or 90 days
ICLE V: Effective date, if other than the date of filing:	prior to	or 90 days
ICLE V: Effective date, if other than the date of filing:	prior to	or 90 days
CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days ate of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, the ocument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  Signature of a member or an authorized representative of a member of an authorized representative of a member of a manner to the Depart constitutes a third degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	prior to	or 90 days
ICLE V: Effective date, if other than the date of filing:	prior to is date w  oer. rida Stat ment of S	or 90 days vill not be lis