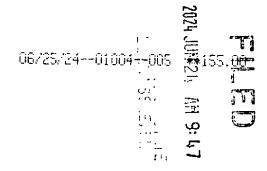
CHOW 182500

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

Office Use Only



400429162504



RECEIVED
2024 JUN 28 AM 3: 56
SECRETARY SEE, FLORID

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: HIS and HE'S Cleaning and Pair 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:
Arness Devon Rithman
His and Her's Cleaning and Paintin
2508 Fred Smith Rdunt A
Tallahassee-Fla 32303 =
City/State and Zip Code C
For further information concerning this matter, please call:
For further information concerning this matter, please call: Pross Pathon (80) 980 - 000 5 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee
Mailing Address New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	ı
(Must contain the words "Limited Liability Co	Oleming 3 Painting LLC
ARTICLE II - Address:	
The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	<u>Mailing Address</u> :
1624 Hardin St.	SmmE
- Kuincy 1 + 32351	
ARTICLE III - Registered Agent, Registered Office, & Register	red Agent's Signature:

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

another business entity with an active Florida registration.)

Arress Bittman		~ .
2508 Fred Smith Rollin	, H	
Florida street address (P.O. Box NOT acceptable))H 24
City State Zip	io.	<u> </u>

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. 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.,

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	ASSISTANCE AND AND ASSISTANCE AND AS
MANNIER.	Propess AHAman 1629 HAMIN SE: Outract / H 3235
MGR	Heather Bartleson 141 Bermunda 12: 1111 Fl 32312
	
****	202
(Use attachment (finecessary)	12.
(If an effective date is listed, the date must be sp the date of filing.)	e of filing: (OPTIONAL) The pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date(will not be listed as
ARTICLE VI: Other provisions, if any.	Lof State's records.
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	RH
Signature of a m This document is exect I am aware that any fals constitutes a third dygre	nember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes, as information submitted in a document to the Department of State refelony as provided for in s.817.155, F.S. JESS JEUON THAM