L24000 321227

	(December 1)	
ı	(Requestor's Name)	
	(Address)	
	,,	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
!!	Ш	- نبا
	(Business Entity Name)	
	(Dasiness Likity Harrie)	
	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	•	
		ļ
		ļ

Office Use Only



FACE 2 - F - HA - 202 - \$4120,00



TO:	New Filing Secti Division of Corp		c	Florido		
SUBJE	ct: Jand	M Cleaning Name of Isinhi	Services ted Liability Company	Florida L.L.C.		
The enc	losed Articles of C	Organization and fee(s) are	submitted for filing.			
Please re	eturn all correspor	idence concerning this mat	ter to the following:			
		ewayne Ea	MeSt Name of Person			
	Jand	M Cleaning	Services Firm/Company	L.L.C.		
	1555	Delaney Dr.	Ap+ 1820 Address)		2021
	Talla	hassee Fla	32309		70 JUL 22	
	<u>jandm</u>	cleaning Scrvic	, 32309 y/State and Zip Code es 2024 9 9ma or future annual report notil	fication)	1.3	70 AH 0:1.7
For furthe	er information con-	cerning this matter, please	call:			-
	Dewoyne	Earnest at (8		0503 phone Number		
Enclose	d is a check for the	e following amount:				
□ \$ 125	.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate	of Status &	

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limite Principal Office Address: 1555 Delaney DC. Apt 1820 Tallahasses FL. 3.2309	ed Liability Company is: Mailing Address: Same	
1555 Delaney Dr. Apt 1820 Tallahassee Fl. 3.2309		
1555 Delaney Dr. Apt 1820 Tallahassee Fl. 3.2309	5ame	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	it. You must designate an individual or	
1555 Delaney Dr. Ap Florida street address (P.O. Box NOT	ot 1820 -	2024
Tallahassee Fla. City State	32309 Zip	1024 JUL 22
Having been named as registered agent and to accept service of process for the lace designated in this certificate, I hereby accept the appointment as registe further agree to comply with the provisions of all statutes relating to the proposition with and accept the obligations of my position as registered agen	tered agent and agree to act in this capacity. I yeer and complete performance of my duties, and	٥

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Dewayne Earney 1555 Velancy Dr. F Tallahassee Fla	5+ 1p+ 1820 32309
MGR	Jessica Week 198 Robert Willis F Caire, Ga. 398	5 2 7
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requi	
ARTICLE VI: Other provisions, if any.		
		<u> </u>
REQUIRED SIGNATURE:	0 1-	1.1
This document is exect I am aware that any fall constitutes a third degr	nember or an authorized representative uted in accordance with section 605.0203 se information submitted in a document to the felony as provided for in s.817.155, F.	(1) (b), Florida Statutes. o the Department of State
Lena	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)