| 124000 | 361742 |
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| (Requestor's Name) (Address) | |
| (Address) | 000433199380 |
| (City/State/Zip/Phone #) | 2024 AUG 21 FL 9: 47 |
| (Business Entity Name) | i rad |
| (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer: | RECEIVI 2024 AUG 21 PH Managaran Managaran Managaran |
| | PH 2:45 |
| Office Use Only | |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

D.A.J. Cleaning Service LLC

| Please Debit FCA00000003 For: 125 | |
|--|---|
| Thank you Seth Neeley | |
| Attal Signature Signature Requested by: Name Date Time Walk-In Will Pick Up Will Pick Up | Art of Inc. File 15 LTD Partnership File 17 LC. File 17 Fictitious Name File 17 Trade/Service Mark 17 Merger File 17 Ant. of Amend. File 17 RA Resignation 17 Dissolution / Withdrawal 17 Annual Report / Reinstatement 17 Certificate of Good Standing 17 Certificate of Status 17 Certificate of Status 17 Officer Search 17 Ficilitious Owner Search 17 Vehicle Search 17 Driving Record 17 UCC 11 Search 17 UCC 11 Retrieval 17 UCC 11 Retrieval 17 |

COVER LETTER

TO: New Filing Section Division of Corporations

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D.A.J. cleaning service LLC
SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fce(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Nicola Condello | | | נוסא אחם ב' ב' י |
|---|---|--|-------------------------|
| | Name of Person | | |
| TT and partners | | | 2 |
| | Firm/Company | | |
| 407 Lincoln road, suite 11C | | | ني ۾ |
| | Address | | یم ⁻ - حا |
| Miami Bcach, FL 33139 | | | |
| | City/State and Zip Code | | |
| nicola.condello@ttandpartners.com | | | |
| E-mail address: (to be u | sed for future annual report notificat | ion) | |
| For further information concerning this matter, plo | ease call: | | |
| Nicola Condello at | 305 5340420 | | |
| Name of Person | Area Code Daytime Telephor | ne Number | |
| Enclosed is a check for the following amount: | | | |
| \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Status | & □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed | d) |
| Mailing Address | Street 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:

D.A.J. cleaning service 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: |
|-----------------------------|-----------------------------|
| 407 Lincoln road, suite 11C | 407 Lincoln road, suite 11C |
| Miami Beach, FL 33139 | Miami Beach, FL 33139 |

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.) The name and the Florida street address of the registered agent are: Nicola Condello Name 407 Lincoln road, suite 11C Florida street address (P.O. Box NOT acceptable) <u>Miami Beach</u> 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..

Mula

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

•

The name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address; | |
|--|---|--|
| "MGR" = Manager | | |
| MGR | Guia Hilaria Marchino 407 Lincoln road, suite 11C Miami Reach, FL 33139 | |
| | | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| CLEV: Effective date, if other than the date of fi | ling: (OPTIONAL) | |
| effective date is listed, the date must be specific to of filing.) | c and cannot be more than five business days prior to or 90 days after | |
| | the applicable statutory filing requirements, this date will not be listed as | |
| | | |

I

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE: 0 Signature of a member of an authorized representative of a member. This document is executed in eccordance with section 605.0203 (1) (b). Florida Statules. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 155, F.S.

MARCHINO GUIA HILARIA 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 5.00 Certificate of Status (Optional)