

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) States E.p. (Notice II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
F2
Special Instructions to Filing Officer:

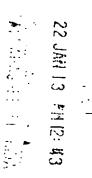
Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Treres Caming! Name office	mited Liability Company	ing Services
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Terosi Coningham	Name of Person	<u> </u>
Teresa Cuming K	Firm/Company	Service
\$547 Sistrum	o-K Cir. Address	
TAIIGNESSEY F	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used	I for future annual report notificat	ion)
For further information concerning this matter, pleas	e call:	
Name of Person A	250, 251-10 Area Code Daytime Telephon	e Number
Enclosed is a check for the following amount:		
C\$125.00 Filing Fee	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Di The Centre of Tallah	

2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	15	٠,٠	17	T 4.1		Name:
:1	ĸ		IV.	L.L.	1.	· "vame:

The name of the Limited Liability Company is:

Teresa Cymeny ha no Cleaning Services LLC (Must contain the words "Primited Liability Company, "L.L.C.," "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Trincipal Office Address.	Maning Madress.
947 SISTRUDIC CIT	547. SistryNh Cit Tallahassee
TALLANISSEL FL. 323009	FI, 30 505

Mailing Addraws

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:

Principal Office Address:

Teress Cunning from
Name

547 Sisting Cir

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

TSUANASSEL TL 32305

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..

Jerosa Cury Registered Agent's Signature (REQUIRED)

(CONTINUED)

		Name and Address:
"AMBR" = A "MGR" = Ma	authorized Member	
MOK M	inger	
		
		
E V: Effective	ent if necessary) e date, if other than the d listed, the date must be	late of filing:
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