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(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Fit	ling Officer:	
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TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MRS: TS CLEANT NG SERVICE L. 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:
Mary E. Jackson-Troutman Name of Person
MRS. T'S CLEANING SERVICE LL
Firm/Company
3308 N. Ridge Rd. #
U Address
Tallahassee, Horida 32306
AIFE SAVER OSTIO Yahoo, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Status Certificate of Status Certified Copy Cer

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MRS. T'S CLEANING	" SERVICE	LLC
(Must contain the words "Limited Liability Company, "L.I.	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	pility Company is:	
Principal Office Address:	Mailing Address:	
33.08 NiRidge rd 33	08 N. Ridge Rd.	

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 age	nt are:		
Ma	ME.	Jackson	-Troutmar	^)
		ine	_	
33	08 N	. Ridge	Rd.	
Florida	street address (P.	O. Box NOT acceptable	le)	
	hasser	Florida	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 APR - | PH |: 02 Secretary Of STATE

Name and Address:
Stacy L. Troutmen 3308 N. Bidge Sid
Mary E Jackson - Vou twent 3305 N. Kidge 150. Tall. Fla 32305
of filing: 04-01-2024 OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as of State's records.
n State S records.
mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee
Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)