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COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: BHSSed Hands Cleaning Like 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: Sanai Davis
Name of Person
Firm/Company 1506 Gibbs Dr Jallahassee FL 32303 Address
Tallanassee FL 33303 City/State and Zip Code Tenesia W874 29 mail a com
ti-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Jane Davis at (250) 920 - 1438 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐S125.00 Filing Fee ☐S130.00 Filing Fee & ☐S155.00 Filing Fee & ☐S160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) ☐Certified Copy

Mailing Address **New Filing Section** Division of Corporations Street Address New Filing Section Division The Centre of Tallahassee

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

<u> </u>	30 Hands (lean in	a LLC	
(Must con	tain the words "Limited L	iability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	iddress of the principal of	fice of the Limi	ited Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Ad-	dress:
1506 Gill	Dr 32303		1506 bilbhs Tailghassce FL	Dr 32303
ARTICLE III - Registered Ag (The Limited Liability Compan- another business entity with an	y cannot serve as its own !	Registered Age	sgent's Signature: nt. You must designate an i	individual or
The name and the Florida street	address of the registered	agent are:		
	Japai Do			
		Name		
	1506 Gilbb	5 DR		
	Florida street address		T acceptable)	
	Tallahesse	FL	31303	
	City	State	Zip	
Taving been named as registered place designated in this certificate further agree to comply with the print familiar with and accept the old.	, I hereby accept the appo rovisions of all statutes ret	intment as regis lating to the pro	stered agent and agree to ac oper and complete performa	er in this capacity. T nee of my duties, and t

(CONTINUED)

Jana Davis 1806 Gibbs Pr Tallanssea FL Tenesia (Williams 1806 Gibbs Dr Tallanssea. FL Offiling: (OPTIONAL) cific and cannot be more than five business days prior to or 96
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