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COVER LETTER

TO: Registration Se Division of Co						
SUBJECT: Saf	e Clean, LLC					
		ed Liability Compar	ny)			
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.				
Please return all corresp	ondence concerning this matt	er to the following:				
	Andrew Phelp	(Name of Person)				
	Safe Clean,	LLC (Firm/Company)				;·
	707 N.W. 148#	Terrace (Address)	<u>. </u>		<u> </u>	05 FE
	Newberry F	Norida 32 y/State and Zip Code)	<u>669</u>			FEB -9 PH
For further information	concerning this matter, please	e call:			STATE	PH 2: 23
Andrew PI (Name	nelps	_at (35 2)	870-6	568		. 444
(Name	of Person)	(Area Code	: & Daytime Tel	ephone Number)		
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fil Certified Copy (additional copy i		\$160.00 F Certificate of Certified Co (additional copy	Status &	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Obvision Clifton Bo 2661 Exe	ourier Address on Section of Corporation uilding cutive Center C ce, FL 32301	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		ompany is:				
Safe Clean, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")						
ARTICLE II - Add The mailing address		ss of the pri	ncipal office of the Limited L	iability Compa	ny is:	
Principal Office Ad	ldress:	· • .	Mailing Address:			
707 N.W. 148th	Terrace 32669	:	707 NW. 148th Ter Newberry, FL 32		-	
	npany cannot serve as tive Florida registratio orida street addr	its own Registron.) ress of the re		vidual or another		
-	- Filt ion v	da Phe Name	100			
-			Terrace ress (P.O. Box <u>NOT</u> acceptable)	EB -9: PH C'ESTATE	9. 93	
_	N	lewbern	LFL 32669 nd Zip	>		
liability compan registered agent and statutes relating to	d as registered ag y at the place des d agree to act in t o the proper and d	gent and to a signated in the this capacity complete pe	nd Zip accept service of process for the his certificate, I hereby accept h Thirther agree to comply with rformance of my duties, and I contend to the historian agent as provided for in	the appointment th the provision im familiar with	t as s of all i and	
	Amand Registered A	gent's Signat	ure (REQUIRED)		_ :-	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Andrew Phelps 707 N.W. 148th Terrace Newberry, FL 32669
(Use attachment if necessary)	OS F CO
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	date of filing: (OPTION to specific and cannot be more than five business d
REQUIRED SIGNATURE:	
Signature of a membe	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.)
Andr	rew Phelos

\$125.00 Filing Fee for Articles of Organization and Designation

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