L08000003015

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000006659 3)))

H080000066593ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

```
To:
     Division of Corporations
     Fax Number      : (850)617-6383

From:
     Account Name    : C T CORPORATION SYSTEM
     Account Number  : FCA000000023
     Phone           : (850)222-1092
     Fax Number      : (850)878-5926
```

FILED
08 JAN -9 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Clenox Management LLC

RECEIVED
08 JAN -9 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Menu Help

BA Thomas JAN 10 2008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Clenox Management LLC
(Must end with 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:
22 St. James Drive	Same
Palm Beach Gardens, FL 33418	

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:

Duke van Kalken
Name

22 St. James Drive
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL 33418
City, State, and Zip

FILED
08 JAN -9 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S..

Duke van Kalken
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FLZ01 - 06/26/2007 © T Systems Online

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Duke van Kalken 22 St. James Drive Palm Beach Gardens, Fl. 33418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Duke van Kalken

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Duke van Kalken
Typed or printed name of signee

FILED
08 JAN -9 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)