

L15000017589
Division of Corporations

Florida Department of State
Division of Corporations
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RECEIVED
15 JAN 29 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
ALL CLEANING SUPPLIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 29 AM 8:00
FILED

J. Shivers JAN 30 2015

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company and Effective day is:

ALL CLEANING SUPPLIES, LLC

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.")*

ARTICLE II

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

Principal Office Address:
2735 NW 27 COURT
MIAMI, FL 33142

Mailing Address
2735 NW 27 COURT
MIAMI, FL 33142

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15 JAN 29 AM 8:00
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TALLAHASSEE FLORIDA

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:

R&P ACCOUNTING & TAXES, INC

Name

200 SE 1ST STREET, SUITE #604

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

MIAMI, FL 33131

FL City, State, and 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

X.....

Registered Agent's Signature (REQUIRED)

ARTICLE IV

*MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each
Person authorized to manage and control the Limited Liability Company:*

Title:

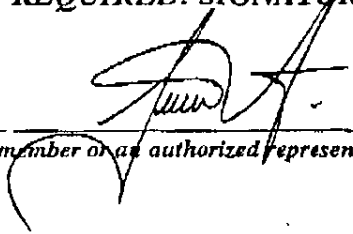
JUAN CARLOSARANZAZU
245 S.E. 1ST STREET SUITE 408
MIAMI, FL 33131

(MANAGER)

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

x

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

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

JUAN CARLOS ARANZAZU ALZATE
Typed or printed name of signee

15 JAN 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED