

L19000211208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500332890475

08/19/19--01033--001 **125.00

FILED
2019 AUG 19 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FL

N CULLIGAN

AUG 26 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ST2clean LLC
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:

Sonia Becerra
Name of Person

Firm/Company

515 Post Oak Blvd. #300
Address

Houston, TX 77027
City/State and Zip Code

sop@legalcorpsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Becerra at (877) 777-0450
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ST2CLEAN INC.

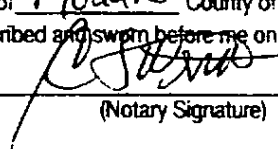
August 9, 2019
Siria Higuera
ST2clean Inc.
5595 Jonquil Cir, Apt 104
Naples, FL 34109


Dear Secretary of State,

I am writing to inform you that I have no intentions of reinstating ST2clean Inc., thereby releasing the name to another entity.

Best Regards,


Siria Higuera

State of Florida County of Collier
Subscribed and sworn before me on 08/12/2019
(Date)

(Notary Signature)


Caridad C. Juvert
Notary Public
State of Florida
My Commission Expires 03/23/2020
Commission No. GG 117448

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ST2clean LLC

(Must contain 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:

5595 Jonquil Cir, Apt 104
NAPLES, FL 34109

Mailing Address:

5595 Jonquil Cir, Apt 104
NAPLES, FL 34109

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:

LegalCorp Solutions, LLC

Name

3440 W Hollywood Blvd. Suite 415

Florida street address (P.O. Box **NOT** acceptable)

Hollywood FL 33021

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 19 AM 10:26

FILED

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..

Travis Crabtree, OBO
LegalCorp Solutions, LLC

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

TOMAS RIVERA GARCIA

5595 Jonquil Cir, Apt 104

NAPLES, FL 34109

Siria E Higuera

5595 Jonquil Cir, Apt 104

NAPLES, FL 34109

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sonia Becerra

Typed or printed name of signee

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)

2019 AUG 19 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED