

1/17/22, 2:00 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 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.**

(((H22000022031 3)))



H220000220313ABCM

**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)617-6381

**From:**

Account Name : INTERSTATE FILINGS LLC  
 Account Number : 120110000086  
 Phone : (718)569-2703  
 Fax Number : (718)504-7890

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: contact@interstatefilings.com

**FLORIDA LIMITED LIABILITY CO.  
 CRAZY CLEAN HOMES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



January 19, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: CRAZY CLEAN HOMES LLC  
REF: W22000005863

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: B22000022031  
Letter Number: 622A00001385

2022 Jan 24 PM 14:14

(((H22000022031 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CRAZY CLEAN HOMES 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:13729 SEA BRIDGE DRIVE  
HUDSON, FL 3466913729 SEA BRIDGE DRIVE  
HUDSON, FL 34669

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

MARIA PACHECO

Name

13729 SEA BRIDGE DRIVEFlorida street address (P.O. Box **NOT** acceptable)HUDSONFL34669

City

State

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..*

Maria Pacheco

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(((H22000022031 3)))

2022 JAN 24 PM 1:14

(((H22000022031 3)))

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

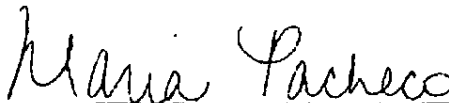
"MGR" = Manager

MGRM**Name and Address:**MARIA PACHECO13729 SEA BRIDGE DRIVEHUDSON, FL 34669

(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.

MARIA PACHECO

Typed or printed name of signee

(((H22000022031 3)))

2022 JAN 24 PM 4:14