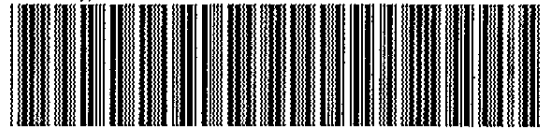


L04000000310

03 DEC 22 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100025015581

12/03/03--01039--004 **100.00

12/31/03--01021--017 **25.00

(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:

W03-37558

AL

Office Use Only

- Mike Bowman GAVE
AUTHORIZATION BY PHONE TO
CORRECT add LLC to name
DATE 1-2-04
DOC. EXAM *[Signature]*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED

03 DEC 22 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 11, 2003

KIP KOLB
4445 IRVINGTON AVE.
JACKSONVILLE, FL 32210

SUBJECT: BEACHY CLEAN CO.
Ref. Number: W03000037558

We have received your document for BEACHY CLEAN CO. and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 003A00066620

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

03 DEC 22 PM 3:11

SUBJECT: BEACHY CLEAN LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIP KOLB
(Name of Person)

BEACHY CLEAN, CO.
(Firm/Company)

4445 IRVINGTON AVENUE
(Address)

JACKSONVILLE FL, 32210
(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE BOWMAN at (904) 673.7075
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

03 DEC 22 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEACHY CLEAN, 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:

4445 IRVINGTON AVENUE
JACKSONVILLE FL 32210

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

KIP KOLB

Name

4445 IRVINGTON AVENUE

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

JACKSONVILLE, FLORIDA 32210

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 608, Florida Statutes..



Registered Agent's Signature

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

03 DEC 22 PM 3:11

The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Mike Bowman
128 CEDAR CREEK Rd.
PALATKA, FL. 32177

MGRM

KIP KOLB
4445 IRVINGTON AVE
JACKSONVILLE FL 32210

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Michael Bowman
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.)

MICHAEL BOWMAN
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)