

1

L040000030122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

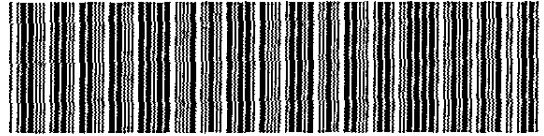
(Document Number)

Certified Copies _____

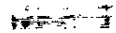
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700032457207



04/16/04--01057--008 **125.00

FILED
AND
04 APR 16 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB
4/20/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJs Clean Touch Ltd. Co.
(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:

C. Michael Mixson
(Name of Person)

MJs Clean Touch Ltd. Co.
(Name of Company)

4225 Ivy Glen Ave.
(Address)

Orlando, FL 32826
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Mixson at (407) 482-7781
(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

04 APR 16 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MJ's Clean Touch Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

4225 Iveyglan Ave
Orlando, FL 32826

Mailing Address:

4225 Iveyglan Ave
Orlando, FL 32826

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

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

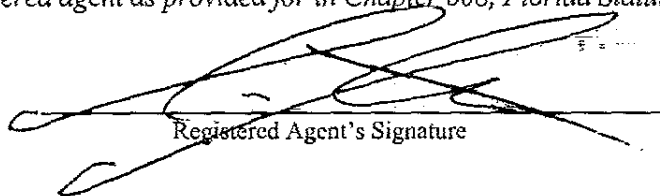
Charles Michael Mixson
Name

4225 Iveyglan Ave
Florida street address (P.O. Box NOT acceptable)

Orlando, FLORIDA 32826
City, State, and Zip

04 APR 16 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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 608, Florida Statutes..


Registered Agent's Signature

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

Charles Michael Mixson
4225 Iveyglan Ave
Orlando, FL 32826

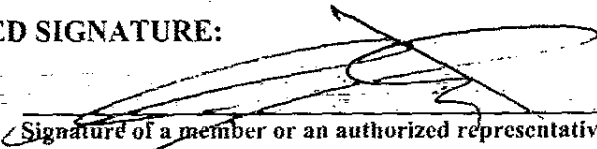
MGRM

Amos P John Jr
4225 Iveyglan Ave
Orlando, FL 32826

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

C. Michael Mixson
Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 15 PM 6:20