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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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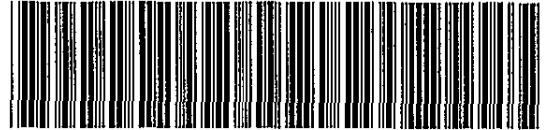
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Handwritten signature/initials

James E. Mack  
1321 Saxon Drive  
(386)-426-6448  
Fax: (386)-426-5752

July 2, 2004

Registration section  
Division of corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Gentleman:

Enclosed are original and two copies of Articles of Organization of  
Come Clean Mobile, a Limited Liability Company for Florida.

Also enclosed is a check Payable to you in the sum of \$125.00  
As for the filing fee.

Please return a conformed copy of the articles to the undersigned.

Very Truly Yours,

  
James E. Mack

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COME CLEAN MOBILE, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

P.O. Box 1613

New Smyrna Beach, FL. 32170

**Mailing Address:**

P.O.Box 1613

New Smyrna Beach, FL.32170

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

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

James E. Mack

Name

1321 Saxon Drive


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

New Smyrna Beach FLORIDA 32169

City, State, and Zip

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*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:**

MGR.

Josiah Merriweather

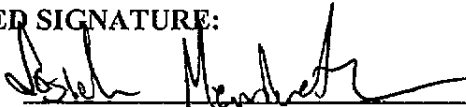
P.O.Box 1613

New Smyrna Beach, FL.32170

(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.)

JOSIAH MERRIWEATHER

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)

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