·· L04.000084098

(Requestor's Name) Stancarp of Clean Comp 539 Greenbrian BLYD altamorti grang FL327	000042718210
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name))1/22/(40 ₁ 085 0 0) ** 125 . 00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	

Office Use Only

LOUI- \$6098

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Star Carpet Clean	ry L.L.C.
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
MAria Buitrago	MARIA BUILLAGO
539 Green BriAr Blud	539 Green Briar Blue
Altamorte spring F1 32714	Altamonte Springs Fl 32714

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

539 Green Briar Blud

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

Allamonte Springs FLORIDA 32714

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

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
M.C. R.	MARIA BUITAGE 539 Green Brian Blo Altamorte Springs F1 3			
		_		
	·			
(Use attachment if necessary)				
NOTE: An additional article must be	e added if an effective date is requested.	<u></u>		
REQUIRED SIGNATURE:	Letus ,	EV.H.SS	100	
Signature of a member or an a	nuthorized representative of a member.		. 3	
(In accordance with section 608 of this document constitutes an that the facts stated herein are to	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)	Adiron.		~~*
Typed or pi	RULLIAGO rinted 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)