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### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 2, 2004

PAUL CROSS 127 BOSORVEY DR. ORMOND BEACH, FL 32126

SUBJECT: CLEAN GUTTERS Ref. Number: W04000040108

We have received your document for CLEAN GUTTERS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please tall (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 004A00062800

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Clean qutter (Name of Limited Liability Company)	<b>~</b>	
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:		
Paul cross (Name of Person)		
Cleon qutter S (Firm/Company)	<del></del> 1	
127 Bosov Vey Dr (Address)	SECHETATIY ALLIAHASSEE	04 NOV 29 PM 12: 07
ormond beach F( (City/State and Zip Code)	OF STATE	PM 12: 07
For further information concerning this matter, please call:		
Paul Cross at (386 ) 341 - 0630 (Area Code & Daytime Telephone Number)	_	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	s &	

### 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

Limited limbility

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

The mailing address and street address of the princip	pal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
127 Bosarvey Dr ormand beach &1	127 130Servey or ormand boach Fl	
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist  Places Name	fice, & Registered Agent's Signature	14 NOV 29 PM 12: 07
Florida street address IP.O. Box	x NOT acceptable)	

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, F.S..

City, State, and Zip

Registered Agent's Signature

(CONTINUED)

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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 (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.)

Cross
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)