

W5000001353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

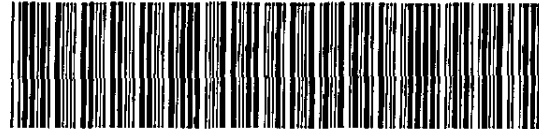
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500043635995

12/29/04--01019--018 **125.00

FILED

2004 DEC 29 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W5-1353
ak

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

12/27/04

SUBJECT: CRYSTAL CLEAR SOLUTIONS, LLC
(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:

BONNIE RAMOS
(Name of Person)

CRYSTAL CLEAR SOLUTIONS, LLC
(Firm/Company)

9524 SHORT LEAF COURT
(Address)

APOPKA, FL 32703
(City/State and Zip Code)

For further information concerning this matter, please call:

BONNIE RAMOS at (407) 227-9243
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

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

2004 DEC 29 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRYSTAL CLEAR SOLUTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

9524 SHORT LEAF COURT
APOPKA, FL 32703

Mailing Address:

9524 SHORT LEAF COURT
APOPKA, FL 32703

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

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

BONNIE RAMOS

Name

9524 SHORT LEAF COURT

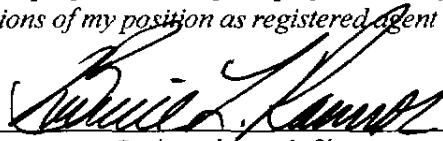
Florida street address (P.O. Box **NOT** acceptable)

APOPKA, FL 32703

FL

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, F.S.



Registered Agent's Signature

FILED
DEC 29 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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

BONNIE RAMOS

9524 SHORT LEAF COURT

APOPKA, FL 32703

MGR

JOSE RAMOS

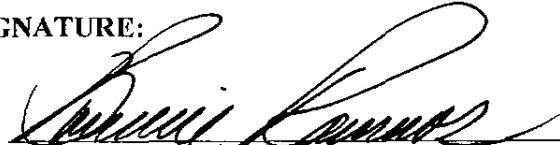
9524 SHORT LEAF COURT

APOPKA, FL 32703

(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.)

BONNIE RAMOS

Typed or printed name of signee

12/27/04

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2004 DEC 29 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED