

W5000013918

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TOLSON HOUSE, E. CORNER
1000 PENNSYLVANIA AVE.
WASHINGTON, D.C. 20540

W5-13918
OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: CLEAN AS A WHISTLE , LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLE E ALTMAN,
CLEAN AS A WHISTLE, LLC
5695 ALTMAN ROAD
Fort Pierce, FL 34981

For Further information concerning this matter, please call:

NICOLE E ALTMAN (772) 519-3982

Enclosed is a check/money order for the \$125.00 Filing Fee ;

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLEAN AS A WHISTLE, LLC

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

5695 ALTMAN ROAD
Fort Pierce, FL 34981

Same

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

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

NICOLE E. ALTMAN

5695 ALTMAN ROAD

Florida Street Address

Fort Pierce, FL 34981

City, State, 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.

X Nicole E Altman

Registered Agent's Signature

(CONTINUED)

2006 FEB -7 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

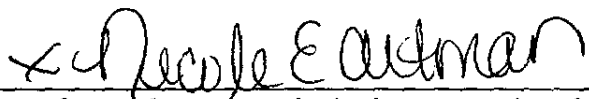
FILED

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

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

<u>Title:</u>	<u>Name and Address:</u>
MGRM	NICOLE E. ALTMAN 5695 ALTMAN ROAD Fort Pierce, FL 34981
MGRM	ANGELA LEDLOW 2901 SUNRISE BLVD Fort Pierce, FL 34982

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.)

NICOLE E. ALTMAN
Typed or printed name of signee

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TALLAHASSEE, FLORIDA