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TRANSMITTAL LETTER

TO: Registration Son Division of Co			**	
SUBJECT: X-Treme	Clean, LLC (Name of Limite	ed Liability Cor	mpany)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for fi	ling.	
Please return all corresp	oondence concerning this matte	er to the follow	ring:	
Eric J Si		NT C N		
	(Name of Person)	I	
X-treme Clean				
		(Firm/Company)		
1016B Eas	Michigan Street			
		(Address)		
Orlar	ndo, FL 32806 (City	/State and Zip C	ode)	05 AFR -1 PII 3: 03
For further information	concerning this matter, please	call:		R-1 PH 3
Eric Shippie		at (_407	222-4832	
(Name	of Person)	(Алея (Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:			
Ø \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy py 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			MAILING A Registration S Division of Co P.O. Box 632	ection orporations

Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	
X-TREME CLEAN, LLC	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1016 B EAST MICHIGAN ST	1016B EAST MICHIGAN ST
ORLANDO, FL 32806	ORLANDO, FL 32806
ERIC SHIPPIE Nam 1016B EAST MICHIGAN ST	
	REET ddress (P.O. Box NOT acceptable)
	Si Co
ORLANDO, FL 32806 City, State	and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

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:

"MGRM" = Manager "MGRM" = Managing Member MGRM	Title:		Name and Address:		
WGRM ERIC SHIPPIE 1016 B EAST MICHIGAN ST ORLANDO, FL 32806 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: (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.) ERIC J SHIPPIE			- · ·		• •
1016 B EAST MICHIGAN ST ORLANDO, FL 32806 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: (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.) ERIC J SHIPPIE	"MGRM" = Man	aging 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 a 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.) ERIC J SHIPPIE	MGRM		ERIC SHIPPIE		
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ERIC J SHIPPIE Typed or printed name of signee		of this document constitut	es an aftirmation under the negalities of periury	PR ED	
ERIC J SHIPPIE Typed or printed name of signce			in are true.)	ယ္	
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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)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 1, 2005

X-TREME CLEAN, LLC 1016 B EAST MICHIGAN STREET ORLANDO, FL 33701- 33804

Subject: X-TREME CLEAN, LLC

REGISTRATION NUMBER: G05060900365

This will acknowledge the filing of the above fictitious name registration which was registered on March 1, 2005. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Fictitious Name Section Division of Corporations Letter No. 105A00014323