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| (Requestor's Name) |
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| (Address) |
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| (, |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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TRANSMITTAL LETTER

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| TO: Registration Section Division of Corporations | | | |
|---|---|--|--|
| SUBJECT: Love It Clean. LL (Name of Limited | L Liability Company) | | |
| The enclosed Articles of Organization and fee(s) are so | abmitted for filing. | | |
| Please return all correspondence concerning this matte | r to the following: | | |
| Loretta Watt | Name of Person) | | |
| Love It Clean, LLC | irn/Company) | | |
| 139 Duncan Drive | (Address) | | |
| Clawfordville, FL 3Z3Z7 (City/State and Zip Code) | | | |
| For further information concerning this matter, please | call: | | |
| Loretta Watt (Name of Person) | at (<u>850</u>) <u>926-21 (Area Code & Daytime Te</u> | dephone Number) | |
| Enclosed is a check for the following amount: | | | |
| □ \$125.00 Filing Fee | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| STREET ANDRESS. | MAILING 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

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company is: | |
| Love It Clean.LLC | |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 139 Duncan Drive | 139 Duncan Drive Claubalvile, FL, 32327 |
| CRAWERDVILLE, FL, 32327 | Chambalville, FL, 32327 |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re | |
| | |
| # Loretta Watt | |
| 139 Duncen Drive Florida street addr | ress (P.O. Box <u>NOT</u> acceptable) |
| Clawfoedy; ((e City, State, ar | FL 32377 ad 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

(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 Lopetta Watt 139 Duncan Drive CRawfordville, FC, 32327 (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.) Loretta Watt Typed or printed name of signee 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)