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M. HODGES

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	ест:	N°Gehee's (Name of Limited	leaning LL (<u> </u>
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	, , ,	Harold E. Mc	Schee Name of Person)	
	mcg.	eneels Clea	ining, LLC	
		529 Dracer		
		Gulf Breeze	L FL 32561	
		concerning this matter, please	call:	2 ∐2 ♥
	(Name	of Person)	at (850) 934 - (Area Code & Daytime Te	elephone Number)
4		or the following amount: \$\sum_\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
		certificate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	: ited Liability Company i	is:	
mcGer	nee's Clear		"LLC," or "L.C.,")
ARTICLE II - Add		nuincinal office of the Lines.	tod Linkility Commonweig
the maning address	and street address of the	principal office of the Limi	led Liability Company is:
Principal Office Add	dress:	Mailing Address:	- ,
529 Drae Gulf Breeze 3251	ena Way	529 Drace Gulf Breeze 32541	na way
	pany cannot serve as its own Reg	ed Office, & Registered Agistered Agent. You must designate a	
The name and the Flo	orida street address of the	e registered agent are:	TÀ. C
	Harold Nan	E. McGenee	FE 23
_	529 I	racena Way	117 N
	0	address (P.O. Box NOT acceptab	
_	GULF Greez City, State		3: 0 ORIC ORIC
	City, Dian	y and the	≥m ~

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	
mer	HAROLD E. Mc Gebrer 529 DRACENA WAY GULF BREEZE 76. 325
(Use attachment if necessary)
LE V: Effective date, if other fective date is listed, the date days after the date of filing.	r than the date of filing: (OPTIO e must be specific and cannot be more than five business of
REQUIRED SIGNATURE	· ~
	of E my Schu
Signature of (In accordan of this docur	~

Filing Fees:

a ,, ,

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)