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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Kleen		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Kim Bond	omo		
		Name of Person)	
	(Firm/Company)	
800 Villa	ge Square Cros	sina. Suite 308	
		(Address)	
Palm Be	ach Gardens, F	lorida 33410	
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Kim Bonomo		at (561	114-879
	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Kleen Sheets, LLC		
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
800 Village Square Crossing	800 Village Square Crossing	
Suite 308	Suite 308	
Palm Beach Gardens, Florida 33410	Palm Beach Gardens, Florida 33410	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	red Agent. You must designate an individual or another	
The name and the Florida street address of the re	gistered agent are:	
Kim Bonomo	·	
Nume		
800 Village Square Cros Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)	
Palm Beach Gardens City, State, ar	FL 33410 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

OS HIM TE ON 1:30 SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Manag		Name and Address:		
MGR	-	Kim Bonomo 800 Village Square Crossing, Suite 308 Palm Beach Gardens, Florida 33410	<u> </u>	
	-			
	-		 	
(Use attachment if	necessary)		_	
ARTICLE V: Effective da (If an effective date is liste to or 90 days after the date	d, the date must be sp	e of filing: (OPT becific and cannot be more than five business	FIONA ess day	L) s prior
<u>required</u> sign	NATURE:			
=	Rim B	namo		
(In accordance with section	an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	2- NNF 90	NOISTAID
	Kim Bonomo		5	OF C
	Typed	or printed name of signee	7	15.50 15.50 17.70 17.70
Filing Fees:			**	STA
\$125.00 Filing Fee for Articles of Organization and Designation			39	3 1 0

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)