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(Request	or's Name)	
(Address)		
(Address)		
(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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SECRETARY OF STATE
TALLAHASSEE, FLORINA

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Utterly	y Spotless LLC		
	(Name of Limite	ed Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
Craig L. (
	((Name of Person)	
Utterly Sp	ootless LLC		
<u>-</u>	((Firm/Company)	
1951 Ka	dima Circle		
		(Address)	
Fort Wal	ton Beach/FL 3	2547	
(City/State and Zip Code)			
For further information concerning this matter, please call:			08,
Craig L. Cornis	sh	at (850) 582-6853	
(Name	e of Person)	(Area Code & Daytime Telephone Number)	(Joseph)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		ξ. Σ.
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
				Utterly Spotless 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 prin	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1951 Kadima Circle	1951 Kadima Circle			
Fort Walton Beach/FL 32547	Fort Walton Beach/FL 32547			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Craig L. Cornish	red Agent. You must designate an individual or another			
Name	AHE OF THE			
1951 Kadima Circle				
Florida street address (P.O. Box NOT acceptable)				
Fort Walton Beach	FL 32547			
City, State, and Zip				
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S			

(CONTINUED)
Page 1 of 2

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	
MGR	Craig L. Cornish
	1951 Kadima Circle
	Fort Walton Beach/FL 32547
MGR	Julia A. Cornish
	1951 Kadima Circle
	Fort Walton Beach/FL 32547
	*** <u>**********************************</u>
T-745-14-14-1	
•	
(Use attachment if necessary)	
RTICLE V: Effective date, if other tha	un the date of filing: (OPTIONAL)
f an effective date is listed, the date m	ust be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	\vec{A}_{co}
	75EC 06
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	ASSI
/ '	
Ken	16 Cand 39 3 M
Signature of a m	nember or an authorized representative of a member
	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
that the facts st	tated herein are true.)
Craig L. Corn	
	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)