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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 575-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CCB CLEANING, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CCB CLEANING, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

3936 TRACEWOOD LN  
BOYNTON BEACH, FL 33436-3155

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

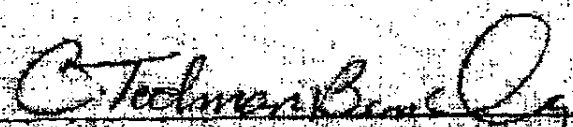
The name and the Florida street address of the registered agent are:

CARMEN TODMAN-BERKLEY  
3936 TRACEWOOD LN  
BOYNTON BEACH, FL 33436-3155

06 JUL 21 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Having been named as registered agent 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.

  
CARMEN TODMAN-BERKLEY / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

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ARTICLE V MEMBERS (optional)

MANAGING MEMBER:  
CARMEN TODMAN-BERKLEY  
3936 TRACEWOOD LN  
BOYNTON BEACH, FL 33436-3155

MANAGING MEMBER:  
CLYDE BERKLEY  
3936 TRACEWOOD LN  
BOYNTON BEACH, FL 33436-3155

\*\*\*\*\*



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.

CLYDE BERKLEY  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUL 21 AM 8:50

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