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(Requ	estor's Name)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Fili	ing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Co				
SUBJECT: CRS C	ARPET & TILE CLEA	NING, LLC		
		d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		•
Please return all corresp	ondence concerning this matte	er to the following:	·	
ROBERT D	DESTEFANO			
		Name of Person)		
	(Firm/Company)		
1075 NIM	10th STREET			
10751444	TOUTSTILLT	(Address)		
BOYNTO	N BEACH, FL 3342	26	Ā.,	
		/State and Zip Code)	Z007	
For further information	concerning this matter, please	call:	MAR I 4 A II: 44 RETARY OF STATE WHASSEE, FLORIDA O elephone Number	
ROBERT DESTE	EFANO	at (561) 564-450	O FI	İT
(Name	of Person)	(Area Code & Daytime To	elephone Number	U
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:			
ODO CADDET A THE CLEANING LL	•		
CRS CARPET & TILE CLEANING, LLC	<u> </u>		
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
•			
ARTICLE II - Address:			
The mailing address and street address	s of the principal office of the Limited Liability Company is:		
•			
Principal Office Address:	Mailing Address:		
i imeipai Oinee Addiess.	Transis Paul Cos.		
1075 NW 10th STREET	1075 NW 10th STREET		

1075 NW 10th STREET	1075 NW 10th STREET
BOYNTON BEACH, FL 33426	BOYNTON BEACH, FL 33426
	TA'S
	LE 8
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent Signature:
(The Limited Liability Company cannot serve as its own Registe	red Agent. You must designate an indictual or another
business entity with an active Florida registration.)	SER E
The name and the Florida street address of the re	- m
ROBERT DESTEFANO	II: 4
Name	IDA UPA
1075 NW 10th St	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
BOYNTON BEACH,	FL 33426
City, State, an	nd 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 (REQURED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

. .. i

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	ROBERT DESTEFANO
	1075 NW 10TH STREET
	BOYNTON BEACH, FL 33426
	TA'S
	AR A
	AS AS
	SERY L
	T _Q
	OR II
<i>a</i>	
(Use attachment if necessary)	·
	e date of filing: (OPTIONAL be specific and cannot be more than five business days
DECLUDED GLOSS	
<u>KEQUIRED</u> SIGNATURE:	
Robert	DeStefano
7-0-000	Des Stefanco Der or an authorized representative of a member.
Robert Signature of a member (In accordance with s	per or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)

ROBERT DESTEFANO

Typed or printed name of signee