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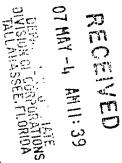
(Requ	estor's Name)
(Addre	ess)
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(City/S	State/Zip/Phone #)
PICK-UP	WAIT   MAIL
(Busir	ness Entity Name)
(Docu	iment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:

Office Use Only



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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

CLEAN CARE MAINTENANCE

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John J. Holland	TAG O
(Name of Person)	CRI H
CLEAN CARE MAIN KNANCE	33
(Firm/Company)	SEE.
29 1216 Hawthorne	
(Address)	RIDA
TANAHASSEE / 3230 Y	>
(City/State and Zip Code)	

For further information concerning this matter, please call:

Michael CLARK

877- wagge 50

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee

ρ \$130.00 Filing Fee & Certificate of Status

ρ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

ρ \$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 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:	
	Post of
CLEAN CARE HAINEN ANCE (Must end with the words "Limited Liability Company, "Limited Co	
, , ,	SE T
ARTICLE II - Address:	mo I I
The mailing address and street address of the principal	ipal office of the Limited Liability Company is:
Principal Office Address:	Tailing Address:
	1216 Hauthoene
	TAHLAHASSER, FZ
	32308
(The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the regis	stered agent are:
John J. Holle	مرط
John J. Hollo Name	
1216 Hawthor	s (P.O. Box NOT acceptable)
	. ,
City, State, and	L <b>373⊝</b> { Zip
Having been named as registered agent and to accominately company at the place designated in this registered agent and agree to act in this capacity.  all statutes relating to the proper and complete per	certificate, I hereby accept the appointment as I further agree to comply with the provisions of

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

"MGRM" = Managing  M62	vicinoei	Toho J. Housed AS 3
		1216 Hawthorne 77 1
Mec		Michael Cearl 7
		TAMONOSSEC, 13230 8 DE
(Use attachment if nece	ssary)	
LE V: Effective date, in ffective date is listed, or 90 days after the days	the date mus	ne date of filing: (OPTIONA st be specific and cannot be more than five busine
REQUIRED SIGNAT	URE:	

Typed or printed na

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes 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)