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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT: THE	SOVEREIGN C (Name of Limited	Liability Company)	PANY
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
STEP	HEN DERE	EK BALL Name of Person)	
THE	BOVEREIGN	CLEANING Firm/Company)	COMPANY
1802	N. ALAFAYA	1 TRAIL, SU	ITE 147.
ORLA	City	State and Zip Code)	6
For further information concerning this matter, please call:			
STEPHE (Name	SALC of Person)	at (407) 619 (Area Code & Daytime Tele	3921 phone 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE SOVEREIGN CLEAN	ing company, LCC.	
(Must end with the words "Limited Liabilit	ly Company, "L.L.C.," or "LLC.") '	
ARTICLE II - Address:	incinal office of the Limited Liability Company is:	
The maning address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1802 N. ALAFAYA TRAIL	SAME.	
SUITE 147. ORLANDO, FL 32826		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another $\leq \frac{\leq}{5}$	SEC!
The name and the Florida street address of the re-	egistered agent are:	活运
STEPUS OF Name	EREK BALL	- 33
2610 NORTHAN Florida street addi	rcss (P.O. Box NOT acceptable)	٠.
City, State, an	FL <u>\$2828</u> 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 (REQUIRED)

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" = Managing Membe	Name and Address:
MGR_	STEAREN BEREU BALL 2610 NORTHAMPTEN ANT ORLANDO, FL 32828
	
(Use attachment if necessary) ARTICLE V: Effective date, if other to (If an effective date is listed, the date to or 90 days after the date of filing.)	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
of this docume	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)
576	REINCREU PAIL

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)

Typed or printed name of signee