## L07000100415

(Requestor'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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## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJECT: The Super Clean Team, LLC							
(Name of Limited Liability Company)							
The en	closed Articles of	Organization and fee(s) are	submitted for filing	<b>,</b>			
Please	return all correspo	ndence concerning this mat	ter to the following:	:			
	Hanife Den	niral-Brinster					
(Name of Person)							
The Super Clean Team, LLC							
(Firm/Company)							
	10905 Cory Lake Drive						
			(Address)	•			
Tampa, FL 33647							
(City/State and Zip Code)							
For fu	ther information co	oncerning this matter, pleas	e call:				
Hanife Demiral-Brinster at ( 813 ) 767-6664				4			
<del></del>	(Name o	f Person)	(Area Code	& Daytime Tel	ephone Number)		
Enclos	sed is a check for	the following amount:					
<b>□\$</b> 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporations			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The Super Clean Team, LLC (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
10905 Cory Lake Drive Tampa, FL 33647	10905 Cory Lake Drive Tampa, FL 33647	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual on another	<b>`</b>
The name and the Florida street address of the re	egistered agent are:	FILED 7 OCT -1 PH 12: 11
Hanife Demiral-Brins	ter SEE	- LE
Name	्राह्म ना	ED PHI
10905 Cory Lake Dri	ress (P.O. Box NOT acceptable)	2: -
	ress (P.O. Box NOT acceptable)	
Tampa, FL 33647	FL	
City, State, ar	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)

(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: "MGR" = Manager "MGRM" = Managing Member MGR Hanife Damiral-Brinster 10905 Cory Lake Drive Tampa, FL 33847 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 09/2 \$\frac{1}{2}\$ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

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.)

Hanife Demiral-Brinster

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)