

**L080000031130**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

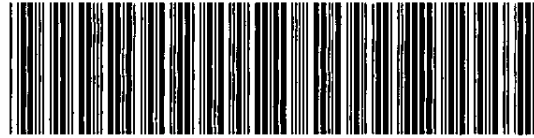
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

**MAR 27 2008**

**EXAMINER**



**700121203027**

03/26/08--01010--010 \*\*130.00

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAR 26 PM 12:45**

**AFFORDABLE LEGAL CLINIC, INC.**

426 E. Highway 434 • Winter Springs, Florida 32708  
Post Office Box 180292 • Casselberry, Florida 32718-0292  
Telephone: (407) 327-5297 • Facsimile: (407) 327-8444 • e-mail: tbinford@cfl.rr.com

March 24, 2008

Secretary of State  
Division of Corporations  
Post Office Box 6327  
The Capitol  
Tallahassee, Florida 32399-6327

Re: CHEM CLEAN CARPET CLEANING, LLC.

Division of Corporations:

Enclosed please find two copies of the Articles of Organization for Florida Limited Liability Company for a new Florida corporation now being formed -- CHEM CLEAN CARPET CLEANING, LLC

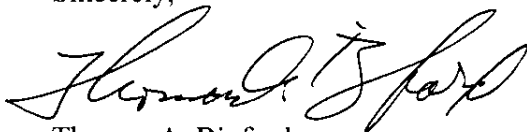
Also enclosed please find our check in the amount of \$130.00. This check includes payment for the following:

Filing fee	\$125
Certificate of Status	<u>5</u>
<b>TOTAL</b>	<b>\$130.00</b>

Please send the duplicates of the Articles of Organization to Affordable Legal Clinic, Inc., 426 E. Hwy 434, Winter Springs, Florida 32708.

Your cooperation in this matter is appreciated.

Sincerely,



Thomas A. Binford

Enclosures  
TAB:rr

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHEM CLEAN CARPET CLEANING, LLC  
(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:

BRIAN K. EDLUND

(Name of Person)

(Firm/Company)

5618 Autumn Chase Circle

(Address)

Sanford, Florida 32773

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian K. Edlund at ( 407 ) 506-6543  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CHEM CLEAN CARPET CLEANING, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

5618 Autumn Chase Circle  
Sanford, Florida 32773

#### Mailing Address:

5618 Autumn Chase Circle  
Sanford, Florida 32773

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BRIAN K. EDLUND

Name

5618 Autumn Chase Circle

Florida street address (P.O. Box **NOT** acceptable)

Sanford, FL 32773

FL

City, State, and 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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAR 26 PM 12:45

(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

**Name and Address:**

MGRM

Brian K. Edlund

5618 Autumn Chase Circle

Sanford, FL 32773

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

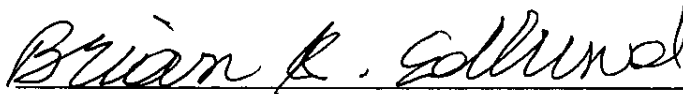
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (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.)

**BRIAN K. EDLUND**

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)**