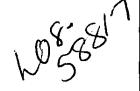
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SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	(Name of Limited	2 Cleaneng d Liability Company)	<b>9</b>
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
Gion	Enror.	Louis Name of Person)	
<u>C:                                    </u>	Expert C	Firm/Company)	
P.O. Bo	X 180513	(Address)	· · · · · · · · · · · · · · · · · · ·
Talla	ahassee,	Florida 3 (State and Zip Code)	2318
For further information c	concerning this matter, please of	call:	08 JUN SECRE TALLAH
(Name	of Person)	at ()(Area Code & Daytime Tel	ephone Num
Enclosed is a check for	r the following amount:		5 <u>~</u> € <b>D</b>
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$16000 Films 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 Corporation Clifton Building 2661 Executive Center O	s ,

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

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

#### **ARTICLE II - Address:**

**Principal Office Address:** 

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

Mailing Address:

1104 Sandhurst DV P.O. Box 1805 Tallahassee, Florida 1a11., Florida 32312	1/3 Lu 323/8
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)	~
The name and the Florida street address of the registered agent are:  Oin R. Enzor-Lauis  Name	08 JUN 11 SECRETAF
1104 Sandhur St DV, ve Florida street address (P.O. Box NOT acceptable)	FR F STAI SEE, FLORI

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)

"MGRM" = Managing Member  MCKM.    Grown R. Enzor-Laws     104 Sandhurst Drive     Tallakandee, Fl. 323/2     MGRM       Cover L. Laws     104 Sandhurst Drive     Tallakandee, Fl. 323/2     MGRM       Tallakandee, Fl. 323/2     Tallakandee, Fl.	"MCD" - Monocom	Name and Address:
(Use attachment if necessary)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (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.)	"MGR" = Manager "MGRM" = Managing Member	
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  (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.)	MCKM	Gron R. Enzor-hauss 1104 Sandrust Drive Talla ko see F1. 32312
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:	MGRM	Covert. Lauis 1104 Sandhurst DAVE
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
REQUIRED SIGNATURE:  (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.)		
REQUIRED SIGNATURE:  (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.)	(Use attachment if necessary)	
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.)	•	ne date of filing:(OPTIONAL
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	CLE V: Effective date, if other than the effective date is listed, the date mu to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business
Typed or printed name of signee	ICLE V: Effective date, if other than the effective date is listed, the date mu to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitution.	st be specific and cannot be more than five business ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
	ICLE V: Effective date, if other than the effective date is listed, the date mu to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute facts stated	st be specific and cannot be more than five business ber or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)