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Office Use Only

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SECRETARY OF STATE TALLIAHASSEE, FLORIDA

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M. THOMAS

SEP 17 2008

EXAMINER

## **COVER LETTER**

Division of Corporations		
SUBJECT: THE CLEAN TEAM 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:		
Steven K Jones, Angela Marshall		
(Name of Person)		
THE CLEAN TEAM LLC.		
(Firm/Company)		
1312 Palmetto St		
(Address)		
New Smyrna Beach FL 32168	.0	
(City/State and Zip Code)	9 SE	
For further information concerning this matter, please call:	08 SEP 05 AM 8:	
Steven K Jones , Angela Marshall at ( 386 ) 690 5582	<b>A</b>	
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:	_	
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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		



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2008

STEVEN K. JONES 1312 PALMETTO ST. NEW SMYRNA BEACH, FL 32168

SUBJECT: THE CLEAN TEAM LLC Ref. Number: W08000041574

We have received your document for THE CLEAN TEAM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, 50 Florida Statutes, was amended effective July 1, 2007, to require the name of a similar diability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P0300000604.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 508A00049068

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:  EAST COAST (  (Must ena wni. :::ords "Limited Liability Company is:	CLEAN TEAM L.L.C. ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1312 Palmetto St New Smyrna Beach FL 32168	1312 Palmetto St  New Smyrna Beach FL 32168	
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 2	
The name and the Florida street address of the registered agent are:		
Steven K Jones		
Name		
1312 Palmetto St		
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
New Smyrna Beach	<sub>FL</sub> 32168	
City, State, and Zip		
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and	

ristered agent and agree to act in this capacity. I further agree to comply with the provisions of all tatutes 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 Member	Name and Address:
MGRM	STEVEN K. JONES 1312 PALMETTO ST. NEW SMYRNA BCH., FL 32168
MGRM	AWERA MARSHALL 1312 PALMETTO ST. NOW SMYRNA BCH., FL. 32168
<del></del>	
	SECRETARY OF SMILAHASSEE FLO
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spet to or 90 days after the date of filing.)	
,	
REQUIRED SIGNATURE:  Signature of a member or a	an authorized representative of a member.
of this document constitutes that the facts stated herein	

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)