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| ☐ PICK-UP ☐ WAIT ☐ MAIL |
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| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| EFFECTIVE DATE |
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Office Use Only

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M. THOMAS DEC 15 2008 EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: Full Circle 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: T. W. Frederick (Name of Person) T. W. Frederick (Firm/Company) 219 State Road 230 E (Address) Starke Florida 32091 (City/State and Zip Code) For further information concerning this matter, please call: T. W. Frederick (Name of Person) Enclosed is a check for the following amount: \$160.00 Film Feed **■**\$125.00 Filing Fee **■**\$130.00 Filing Fee & ☐\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 24, 2008

T.W. FREDERICK 219 STATE ROAD 230 E STARKE, FL 32091

SUBJECT: FULL CIRCLE LLC Ref. Number: W08000052998

We have received your document for FULL CIRCLE 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, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability 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 L07000039369

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

If you have any questions concerning the filling of your document, please call Turous prefer (850) 245-6097. a subjusted to the company

Marsha Thomas Regulatory Specialist II

FULL CIRCLE LLC.

Letter Number: 908A00058234

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | |
|---|--|----------------------|---|
| The name of the Limited Liability Company is: | | | |
| FULL CIRCLE CLEANING LI (Must end with the words "Limited Liability | y Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liab | ility Company is: | |
| Principal Office Address: | Mailing Address: | | |
| 219 State Road 320 E Starke FL 32091 | `219 SR 320 E Starke FL 32091 | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re T. W. Frederick | red Agent. You must designate an individua | al or another SECRE | 7 |
| Name | | IZ A | = |
| 219 SR 230 E Florida street addr Starke,FL 32091 | ess (P.O. Box <u>NOT</u> acceptable) | AM 8: 50 | ブ |
| City State ar | nd Zin | | |

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 (REOLURED)

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR T. W. Frederick 219 SR 230 E Starke FL 32091 (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.)

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)

T. W. Frederick

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

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Typed or printed name of signee