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OIVISION OF CORPORATIO

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**EXAMINER** 



ACCOUNT NO. : 07210000032 REFERENCE: 827460 7682688 AUTHORIZATION : COST LIMIT : ORDER DATE: December 15, 2008 ORDER TIME : 10:45 AM ORDER NO. : 827460-001 CUSTOMER NO: 7682688 DOMESTIC FILING NOW THAT'S CLEAN NAME: COMMERCIAL/RESIDENTIAL, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE I - Name:** The name of the Limited Liability Company is: NOW THAT'S CLEAN COMMERCIAL/RESIDENTIAL, 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:** Mailing Address: 902 Duncan Avenue Same Kissimmee, FL 34744 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: Corporation Service Company

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

Tallahassee FL 32301

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 get in this capacity. I further agree to comply with the provisions of all

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..

Corporation Service Company

BY: /s/ Harry B. Davis

1201 Hays Street

Registered Agent's Signature (REQUIRED)

Name

(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:

MGRM	CALVIN BROWN
	925 BROOKVIEW LANE
	ROCKLEDGE, FL 32955
MGRM	FRANCES BROWN
	925 BROOKVIEW LANE ROCKLEDGE FL 32955
Use attachment if necessary)  E.V.: Effective date if other than the	ne date of filing: (OPTIC

#### **REQUIRED SIGNATURE:**

### /s/ CALVIN BROWN

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.)

#### CALVIN BROWN

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)