

L10000030530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

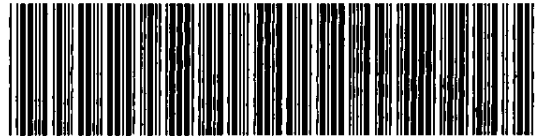
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900171976839

03/18/10--01020--016 **125.00

FILED

10 MAR 18 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Calkins

MAR 19 2010

The Law Offices of Timothy K. Anderson
TIMOTHY K. ANDERSON, ESQ.
480 Maplewood Drive, Suite 5
Jupiter, Florida 33458

Rebecca Lipford Huffman
Paralegal

Lorraine A. Hinkle
Legal Assistant

March 17, 2010

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32314

Re: Filing of Articles of Organization for Florida Limited Liability Company
Saniclean of Palm Beach, LLC

Please find enclosed executed Articles of Organization for Florida Limited Liability Company, along with a check for filing fee in the sum of \$125.00, and a self-addressed, stamped envelope for return of filed documents.

Thank you for your assistance in this matter. If you have any questions please contact the undersigned at the above number.

Very truly yours,



Lorraine Hinkle,
Legal Assistant to
Timothy K. Anderson

TKA/lah

Enclosures
Federal Express No.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANICLEAN OF PALM BEACH, LLC

ARTICLE II - Address:

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

2753 VISTA PARKWAY, J-9, WEST PALM BEACH, FLORIDA 33411

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

DAVID GUY MASON, 2753 VISTA PARKWAY, J-9, WEST PALM BEACH, FLORIDA 33411

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..


DAVID GUY MASON

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

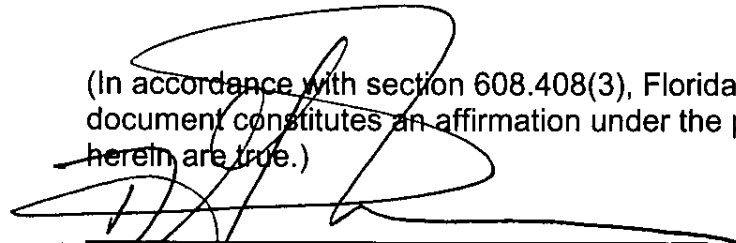
Title:

MGRM

Name and Address:

DAVID GUY MASON
2753 VISTA PARKWAY, J-9
WEST PALM BEACH, FLORIDA 33411

(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.)


DAVID GUY MASON, MANAGING MEMBER

FILED
10 MAR 18 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA