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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of C			
SUBJECT: SoClea	n Window Cleaning LL	<u>.</u> C	
	Name of Limit	ed Liability Company	<u> </u>
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Nick Woodru	ff		
		Name of Person	
SoClean Win	dow Cleaning		
		Firm/Company	
140 Central 6	ith Street		
		Address	
Santa Rosa E	Beach, FL 32459		
•	Cit	y/State and Zip Code	
soclean@live		S 6.4	
		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Nick Woodruff		at (_850) 797-4920	
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing 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 Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	npany is:	
SoClean Window Cleaning LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
140 Central 6th Street	140 Central 6th Street	
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459	
	egistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or anoth	
The name and the Florida street address	s of the registered agent are: 본유	5 2
Nick Woodruff		ਨ ਜ
	Name SSE	FILED AUG 23 AMII: 10
140 Central 6th S	treet mag	圣口
Florida	street address (P.O. Box NOT acceptable)	:
Santa Rosa Beach	_{FL} 32459 공류	. 5
W	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 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)
Page 1 of 2

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.)

Nick Woodruff

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)