

L10000113671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

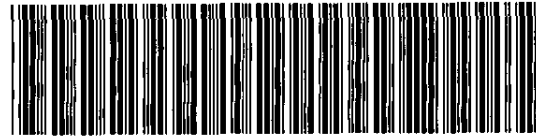
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV - 1 PM 4: 19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV - 1 PM 4: 32

B. KOHR

NOV - 4 2010

EXAMINER

FILED STATE
SECRETARY OF CORPORATIONS
10 NOV - 1 PM 4:32

SUBJECT: ANYTIME CLEAN LLC.
Name of Limited Liability Company

LINDSAY BEAGLES
Name of Person

3730 MARIA CIR

Address

TALLAHASSEE, FL. 32303

City/State and Zip Code

LBTB@COMCAST.NET

E-mail address: (to be used for future annual report notification)

LINDSAY BEAGLES

Name of Person

at (850) 524-5901

Area Code & Daytime Telephone Number

☐ \$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)

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANYTIME CLEAN LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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10 NOV - 1 PM 4:32

ARTICLE II - Address:

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

Principal Office Address:

3730 MARIA CIR
TALLAHASSEE, FL 32303

Mailing Address:

3730 MARIA CIR
TALLAHASSEE, FL 32303

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:

LINDSAY BEAGLES

Name

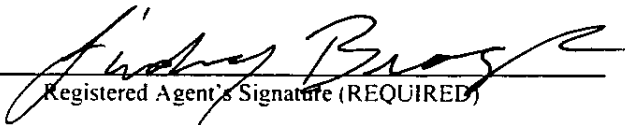
3730 MARIA CIR

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

TALLAHASSEE FL 32303

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)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

LINDSAY BEAGLES
3730 MARIA CIR
TALLAHASSEE FL. 32303

MGRM

TAMMY BLACKBURN
3730 MARIA CIR
TALLAHASSEE, FL. 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/1/2010. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LINDSAY BEAGLES
Typed or printed name of signer

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)