

L10000124358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/02/10--01008--003 **160.00

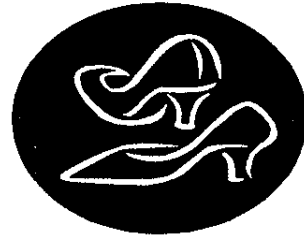
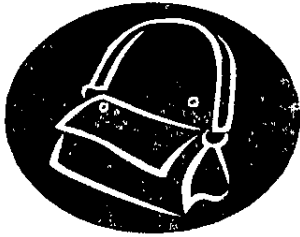
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -2 AM 11:26

FILED

J. SAULSBERRY
EXAMINER

DEC 3 2010



Claset Clutter Buster

*You will find each thing in its place
When I organize your closet space*

November 24th, 2010

Dear Sir or Madam,

*My name is Michelle Braun; phone number is (954) 559-1842
Attach you will find the copy of the LLC form for my LLC
company Claset Clutter Buster.*

*Also a check for \$160.00 to cover the filing fee, the certificate of
status and a certified copy is enclosed.*

Thank you,

Michelle Braun

Michelle Braun

Phone: (954) 559-1842

E-Mail: Michellez_01@yahoo.com

RECEIVED
2010 DEC -2 AM 11:26
TALLAHASSEE, FL 32309

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLOSET CLUTTER BUSTER, 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:

4400 NE 26th Ave
Lighthouse Point
FL 33064

Same

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.)

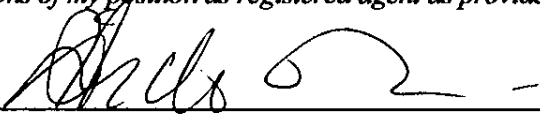
The name and the Florida street address of the registered agent are:

Michelle Braun
Name

4400 NE 26th Ave
Florida street address (P.O. Box **NOT** acceptable)

Lighthouse Point FL 33064
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)

FILED
2010 DEC -2 AM 11:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Michelle Braun

4400 NE 26th Ave

Lighthouse Point FL 33064

SECTION 608.408(3), FLA. STAT.
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/2010 BY 60322
UCBA

2010 DEC -2 AM 11:26

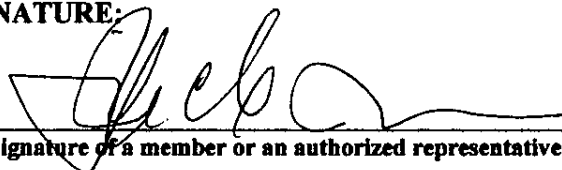
FILED

(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. 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.)

Michelle Braun

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)