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· (R	equestor's Name)		
. (A	ddress)		
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(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORID

### **COVER LETTER**

TO:	Registratio Division of	n Section Corporations		in the second se
SURI	ECT: Met	ro Clean LLC		
5020		Name of Limi	ted Liability Company	
The er	nclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please	return all corr	espondence concerning this mat	ter to the following:	
	Dennis	Hinton		
			Name of Person	
			Firm/Company	
	22162 \	Weeks Blvd		
			Address	
	Land O L	akes Florida 34639		
			y/State and Zip Code	
	dennisism	netroclean@yahoo.cor		
<b></b>			for future annual report notification)	
For fur	rther informati	on concerning this matter, pleas	e call:	
Deni	nis Hinton		_at (813 <u>) 434-5873</u>	
	Naı	ne of Person	Area Code & Daytime Tele	phone Number
Enclos	sed is a check	for 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 Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Metro Clean 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:** 22162 Weeks Blvd P.O. Box 2109 Land O Lakes Florida Lutz Florida 34639 33548 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: **Dennis Hinton**

Name

22162 Weeks Blvd

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

Land O Lakes

FL 34639

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

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	र र
MGR	Dennis Hinton
	22162 Weeks Blvd
	Land O Lakes Florida 34639
MGRM	Cara Cassisa
	18132 Nassau Pointe Drive
	Tampa Florida 33647
(Use attachment if necessary)	
OTICLE V. Effective date if other th	nan the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	nust be specific and cambot be more than five business days prior
,	
REQUIRED SIGNATURE:	
1)	A
Signature of a	member or an authorized representative of a member.
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution of this document

(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.)

### Dennis Hinton

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)