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SECRETARY OF STATE TALLAHASSEE, FI ORIDA

J. SAULSBERRY EXAMINER

JUL 21 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rokleen Floor CARE LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joel Cooper
Prokleen Floor CARE LC
35545 Quair Run
Address  Lees burg FL 34788 ARB LE  City/State and Zip Code  MK 44004 G 1 1 1 1 1 1 1 1 1 2 1 2 1 2 1 2 1
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:    Toel Coppe   at (407) 217 - 4983     Name of Person   Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee \$\frac{1}{2}\$\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$\$ Certified Copy (additional copy is enclosed)
Mailing Address  Registration Section  Registration Section  Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
(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:
Joel Coper  35545 QUAIL Lun  188545 Quail Run  188545 Quail Run  188545 Quail Run  1885645 Quail Run  188565 Quail Run  18856
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or into ther
The name and the Florida street address of the registered agent are:    The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name address of the registered agent are:   The n
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## 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 MGRM" = Managing Member Toul Gover 35545 Quait Quait Qualt Qualt Quait Qua

(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 at a member or an authorizes representative of a member.

(In accordance with section 608 (408(3)) Florida Statutes, the execution of this documents constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Lam 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.)

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)