

L11000123623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

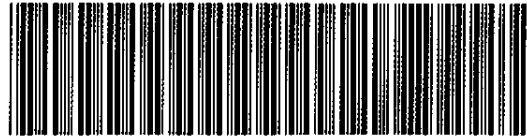
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/28/11--01007--014 **125.00

FILED
2011 OCT 28 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 31 2011
EXAMINER

ICLEAN SOLUTIONS

INTEGRATED FACILITY SERVICES

October 12, 2011

Mr. Christopher Marsh

Econotax

139 Beal Parkway SE Suite 102

Fort Walton Beach, FL 32548

Chris-

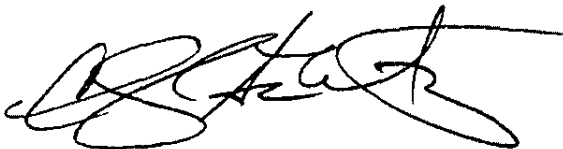
This letter serves as proof of intent to grant Galina Kabitsina of AGK Enterprises, LLC the claim to the name of iClean Solutions, LLC.

On October 1, 2011, I sold the solid assets of iClean Solutions and the use of its name.

Attached is the Certification that The Application for Withdrawal of Authority was filed on October 11, 2011, for ICLEAN SOLUTIONS, LLC, a Delaware limited liability company which was authorized to transact business in Florida.

Please act accordingly.

Sincerely,



Cheryl Achatz

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IClean Solutions, 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:

Christopher O. Marsh

Name of Person

Econotax

Firm/Company

139 Beal Parkway SE Suite 102

Address

FT. Walton Beach FL 32548

City/State and Zip Code

chris@econotaxfwb.com

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

For further information concerning this matter, please call:

Christopher O. Marsh

Name of Person

at (850) 863-4829

Area Code & Daytime Telephone Number

Enclosed 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 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:

IClean Solutions, 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:

612 Colonial Drive APT. 14
Fort Walton Beach FL 32547

Mailing Address:

612 Colonial Drive APT 14
Fort Walton Beach FL 32547

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:

Christopher O. Marsh

Name

139 Beal Parkway SE Suite 102

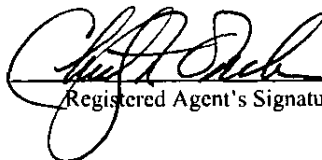
Florida street address (P.O. Box **NOT** acceptable)

Fort Walton Beach FL 32548

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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SECRETARY 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

Galina Kabitsina

612 Colonial Dr Apt 14

Fort Walton Beach FL 32547

(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.)

Galina Kabitsina

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)