

L12 0000 24846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

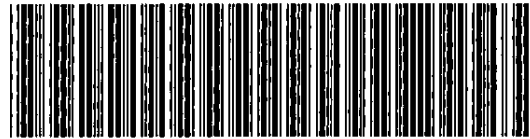
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

FEB 22 2012

EXAMINER



700221188827

02/10/12--01020--009 \*\*130.00

EFFECTIVE DATE

2/7/2012

12 FEB 10 PM 12:21

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2012

SCHENECA K. SARDINE  
2301 COLLINS AVE., APT. 318  
MIAMI BEACH, FL 33139

SUBJECT: KRYSTAL CLEAR LLC  
Ref. Number: W12000008599

EFFECTIVE DATE 2/7/2012

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 FEB 10 PM 12:21

We have received your document for KRYSTAL CLEAR LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not show an entity named ELECTRONIC-PLUZ registered with the Florida Division of Corporations. If an entity is named as a Registered Agent, it must be registered with the Division of Corporations.

Please note that you could list an individual human being as your Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 712A00006552

COVER LETTER

TO: Registration Section  
Division of Corporations

Krystal Clear LLC

SUBJECT: ~~Krystal Clear Designs LLC~~  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF CORPORATION  
12 FEB 10 PM 12:21

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scheneca K. Sardine  
Name of Person

Firm/Company

2301 Collins Ave Apt 318  
Address

EFFECTIVE DATE 2/7/2012

Miami Beach, FL 33139  
City/State and Zip Code

ssardine@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scheneca Sardine at (813) 568-7707  
Name of Person 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

EFFECTIVE DATE 2/7/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Krystal Clear 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:

2301 Collins Ave Apt 318  
Miami Beach, FL 33139

Mailing Address:

2301 Collins Ave Apt 318  
Miami Beach, FL 33139

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:

SCHENECA K. SARDINE

Name

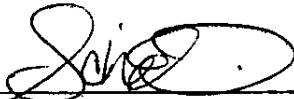
2301 COLLINS AVE., APT. 318

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

MIAMI BEACH, FL 33139

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:**

MGR

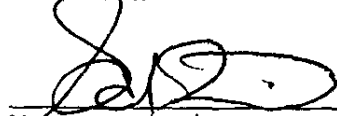
Scheneca Sardine  
2301 Collins Ave Apt 318  
Miami Beach, FL 33139

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/07/2012 (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.)

Scheneca Sardine  
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)