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SCUNETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Corporations	, , , , , , , , , , , , , , , , , , , ,
SUBJECT: SPECIALTY EQUIPM	MENT CLEANING, LLC
ochone:	nited Liability Company
The enclosed Articles of Organization and fee(s) are	re submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
MATHEW L MCGILLIVR	844
WATTERV E WIGGIEETVIX	Name of Person
SPECIALTY EQUIPMEN	IT CLEANING, LLC
32911 WELSH TRAIL	Firm/Company
	Address m
SORRENTO, FL 32776	F S
• 1 ,	City/State and Zip Code
READYRACER1@AOL.COM"	d for future annual report notification)
For further information concerning this matter, pleas	
MATHEW MCGILLIVRAY	at (352) 978-0303
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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:

SPECIALTY EQUIPMENT CLEANING, 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:	•
32911 WELSH TRAIL SORRENTO, FL 32776	32911 WELSH TRAIL SORRENTO, FL 32776	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addre	ts own Registered Agent. You must designate ar	individual or another
		2012 HAR SECRETA
MATHEW MC		(A)
	Name	व्यस्य क
32911 WEL	LSH TRAIL	7 3 17
Floric	da street address (P.O. Box NOT acceptable	e) 255 ÷
SORRENTO	_{FL} 32776	98
	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:

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	MATHEW L MCGILLIVRAY		
	32911 WELSH TRAIL	_	
	SORRENTO, FL 32776	<u>≥</u>	- 22
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 20, 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.)

MATHEW L MCGILLIVRAY

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)