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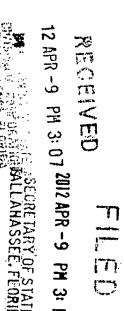
	(Requestor's Name)
<u> </u>	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer.
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Office Use Only



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J. SAULSBERRY EXAMINER APR 9 2012

# **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations	
SUB	Name of Limited Liability Company	LLC
The e	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Bryan Todd White Name of Person	
	Todé White Carpet Care Firm/Company	
	4112 Zernatt Dr. Address	2012/ FASE(
	Tallahassee, Fl. 32303 City/State and Zip Code	
	dbrinkley 20 concast net E-mail (ddress: (to be used for future annual report notification)	
For fi	orther information concerning this matter, please call:	<b>9</b> 5
Bry	Name of Person at (850) 321 - 8  Area Code & Daytime Telepho	259 ne Number
Encl	osed is a check for the following amount:	
\$125.0	Certificate of Status Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circ	le.

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:

rincipal Office Augress:	Maning Audress:
4112 Zernatt Dr. Tallahassee, Fl. 32303	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Bryan Todd Name 4112 Zernatt Florida street add Tallahassec	PES (P.O. Box NOT acceptable)
	ite, 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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address: er
MGRM	Bryan Todd White 4112 Zernatt Dr Tallahassee, Fl. 32303
	ZOIZ A  JACCA TALLA
	APR -9 PM
(Use attachment if necessary)	ORIDE S
effective date is listed, the date	than the date of filing: (OPTIONAmust be specific and cannot be more than five business day
effective date is listed, the date	must be specific and cannot be more than five business day
effective date is listed, the date 0 days after the date of filing.)  REQUIRED SIGNATURE:	must be specific and cannot be more than five business day

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Filing Fees: