

L12600144116

(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

NOV 15 2012

EXAMINER



900241048059

10/25/12--01011--002 **125.00

EFFECTIVE DATE

11/5/2012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV -9 AM 8:28

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO CLEAN 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:

ZSOLT SZERENCSES

Name of Person

Firm/Company

1522 POWDER AVE

Address

APOPKA, FL 32703

City/State and Zip Code

ZITA75@LIVE.COM

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

For further information concerning this matter, please call:

ZSOLT SZERENCSES

Name of Person

at (321) 276-7620

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

FILED
12 NOV -9 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
EFFECTIVE DATE 11/9/2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2012

ZSOLT SZERENCSES
1522 POWER AVENUE
APOPKA, FL 32703

SUBJECT: PRO CLEAN LLC
Ref. Number: W12000054924

FILED
12 NOV -9 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 11/5/2012

We have received your document for PRO CLEAN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name conflict is an active trademark registration -- PROCLEAN -- Doc. Number T03000000186.

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: 512A00026341

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IMMO CLEAN LLC

Name of Limited Liability Company

12 NOV -9 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

ZSOLT SZERENCSES

Name of Person

EFFECTIVE DATE 10/5/2012

Firm/Company

1522 POWDER AVE

Address

APOPKA, FL 32703-4650

City/State and Zip Code

ZITA75@LIVE.COM

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

For further information concerning this matter, please call:

ZSOLT SZERENCSES at **321** **276-7620**

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 11/05/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMMO CLEAN 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:

1522 POWDER AVE
APOPKA, FL 32703-4650

Mailing Address:

1522 POWDER AVE
APOPKA, FL 32703-4650

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:

ZSOLT SZERENCSES

Name

1522 POWDER AVE

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

APOPKA, 32703

FL

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:

MGRM

ZITA SZERENCSES

1522 POWDER AVE

APOPKA, FL 32703-4650

MGRM

ZSOLT SZERENCSES

1522 POWDER AVE

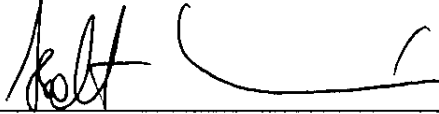
APOPKA, FL 32703-4650

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/05/2012 (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.)

ZSOLT SZERENCSES

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)