1/3000040952

(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:			
WAD 4 0 2000			
MAR 1 9 2013			
A. LUNT			

Office Use Only



400245612494

03/14/13--01013--005 **160.00

SECRETARY OF STATE

COVER LETTER

, TO: Registration S Division of Co				
The enclosed Articles of	Name of Limit Name of Limit Organization and fee(s) are soondence concerning this matter	ed Liability Company YOUL submitted for filing.	Ay, LLC	
KEI	_LY L. U	Sttev2 - VIL Name of Person	LAZAN	
A= ==	K CLETON	Firm/Company	ZOI3 E	
15018 SW 3ath St. Address				
LURAMAR M 33027				
akcieanyoukwaaamail. asm				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
KELLY	USHER	305 335	.8148	
Name	of Person	Area Code & Daytime Tele	<u>· </u>	
Enclosed is a check f	or 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 Corporation Clifton Building 2661 Executive Center Of Tallahassee, FL 32301	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
A E K CLEAN VO (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15018 EW 391 ST WILLHAL, PL 33027	Mailing Address: (SAME) (SAME) (SAME) (SAME)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
KELLY LYNN Name	USHER-VILLAZAN
15618 SW 30	at 8t
Florida street addr	ress (P.O. Box NOT acceptable)
MIRAMAR	FL 33027
City, Stat	te, 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member Mele	ALEJANORO VILLAZAN
MGRM	KELLY L. USHER-VILLAZAN
	2013
	RETARY AHASSEE
(Use attachment if necessary)	OF STATE OR AD
ICLE V: Effective date, if other than the confective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days

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.)

KELLY L. UStber - VILLAZAN

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)