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## COVER LETTER

TO: Registration 9 Division of Co			
SURIECT: Zen	Green Clean LL	.C	
SUBJECT.		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
Michael	Andrew Stanley	Y Name of Person	
Zen Gre	een Clean LLC		
		Firm/Company	
623 Ma	yfair Circle	A.D.	
		Address	
Orlando, F		y/State and Zip Code	_
support@z	zengreenclean.com	your and zip code	
	E-mail address: (to be used for	or future annual report notification)	
For further information	concerning this matter, please	e call:	
Michael Stanle	y	at (407 ) 476-5992	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified Copy Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status of 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	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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-	т.		4 P 4	_	IVI	HIER.

The name of the Limited Liability Company is:

## Zen Green 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:	Mailing Address:
623 Mayfair Circle	623 Mayfair Circle
Orlando, FL 32803	Orlando, FL 32803

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:

Register	ed Agents Inc.
	Name
3030 N.	Rocky Point Dr. STE 150A
	Florida street address (P.O. Box NOT acceptable)
Tampa	<sub>FL</sub> 33607
	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..

Dan Keen-President

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	-
MGR	Michael Andrew Stanley
	623 Mayfair Circle
	Orlando, FL 32803
<del></del>	
	<del></del>
	<del></del>
(Use attachment if necessary)	
	(OPTIONAL)
LE V: Effective date, if other tha	an the date of filing: (OPTIONAL)
effective date is listed, the date m O days after the date of filing.)	nust be specific and cannot be more than five business days p
o days after the date of filing.)	
REQUIRED SIGNATURE:	
Uni	( little
	member or an authorized representative of a member.
	in (00 408/2). Finally Statuton the execution of this document

(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.)

### Michael Andrew Stanley

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)