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(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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WAS SULLER

(850) 245-6051.

COVER LETTER TO: **Registration Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company City/State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount: 25.00 Filing Fee **△\$130.00** Filing Fee & □ \$160.00 Filing Fee, □\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Cleaner Vapor (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	2
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	
Timeipai Office Address.	Mailing Address:
5020 nw 20th (+ Margate Pl 33663	5820 NW 20th Et of Margate FL 33663
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
5820 nw 20 Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
margate City, Sta	FL 33663 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacitall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Name and Address:
MARIT	5820 DW Zeth CHI
marm	margare pe 33663
(11416111	Sazo nw Zoth (+ >
	margate FL 32063
	
(Use attachment if necessary)	

1

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.)

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)

S 5.00 Certificate of Status (Optional)