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2013 JUL -1 AM 11: 52

B. BOSTICK

JUL - 2 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CIEAN CARLLC
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:
Louis S NATARUS Name of Person
CICAN CAR ZZC Firm/Company TR) NE 15T AVE
Firm/Company
Address
FT LAUDERDAIR FL 33304 City/State and Zip Code LNATARUS @ ADL. COIL
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: U\$125.00 Filing Fee A\$130.00 Filing Fee & Certificate of Status Certificate of Status Certificate Of Status
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee ₩\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee
Certificate of Status Certificate of Status
Mailing Address Street/Courier Address

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

ARTICLE I - Name: The name of the Limited Liability-Company is:	CIEAN CAR LLC.
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
781 NE 1ST. AVE ET LANDERDALE F). 33304	SAMe
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registr 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:
	egistered agent are:
Name	
781 NE	Iress (P.O. Box NOT acceptable)
FT Laudan Op)	tress (P.O. Box NOT acceptable)
City, Sta	ate, 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)

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	
MGRM	LOUIS NATARUS JEINE 157 AVE PPLALDERDADE JEI. 33364
<u> </u>	
(Use attachment if necessary)	
	date of filing: (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	SECRE INT. TALLAHASS
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under t I am aware that any false informations a shird degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Loui Typ	S S NATAR S ed or printed name of signee
TAD: TA	

Filing Feest:

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