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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL.
(Ві	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

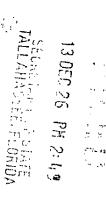
Office Use Only

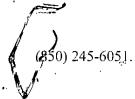


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12/26/13--01013--026 \*\*130.00

FILING CANCELLED RETURNED CHECK





TO: Registration Section
Division of Corporations

SUBJECT: KING & Queen Of Clean U.C.

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:

Ruben Silva

Name of Person

King & Queen Of Clean U.C.

Firm/Company

2731 Ocilla CL.

Address

Orlando FL. 32839

City/State and Zip Code

Butterfly Bryar @ hotmail. Com

E-nail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruben Silua at (850) 288-0842

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



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

FILING CANCELLED RETURNED CHECK

The name of the Limited Liability Company is:

King & Queen Of Clean U.C.

(Must end with the words "Limited Liability Company. "L.L.C.," or "L.L.C.")

**ARTICLE II - Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 

2731 Ocilla CL Ociando, Fl. 32839 Mailing Address:
27-31 Ocilla (4.

Orlando, Fl. 32839

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:

Ruben Silva

Nam

2731 Ocilla Ct.

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

Orlando

\_32839

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)

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:	FILING CANCELLE
"MGRM" = Managing Member  MGR	Rubert Sil 2731 Ocilla ( Orlando pel 3	RETURNED CHECK VA J. 32839
MGRM	Kalee Jenkins 2231 Ocilla CL Orlando, FM. 3	5 :. 15839
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: 12 19 1 be specific and cannot be	3 (OPTIONAL)  e more than five business days  ≥∞ —
REQUIRED SIGNATURE:	40	3 DEC 26 PX
Signature of a member  (In accordance with section 608.4 constitutes an affirmation under to the section of the	the penalties of perjury that the fation submitted in a document to	cution of this document acts stated herein are true.
Тур	ed 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)