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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Di	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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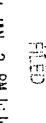
SK 1/2

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SKAZES C(EANING PRODUCT, LLC 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:
WICCIAM HINSON Name of Person
SKARE'S CLEANING PRODUCT
CAPITAL CIRCLE N.W. 4567B
CAPITAL CIRCLE N.W. 4567B Address TALAH 155 KE FC City/State and Zip Code WILLIAM HINTS IN 124 VALLOD, Com E-mail address: (to be used for future annual report notification)
William Hint and 12 th 14/400, Com E-mail address: (to he used for future annual report notification)
For further information concerning this matter, please call:
WILLIAM HIUSOIJ at (850) 284-6857 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Street/Courier Address Registration Section

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

The name of the Limited Liability Company is:

SKAZR'S CCEANING PRODUCT, 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:		<u> Address:</u>		
4567B CAPITAL CI TACCAHASSE FC	RUCENLU	المسايلية	مرير سيسي	D V
Taria		2/6 NEAC	KMKCK	LΩ
[ACCAHASSE P		2/6 NEAL	FC 323	33
•		19-1		

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:

Name

Alb IVEAC TEMPOR RD

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

HAVAWA FL FC 3288

City 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR".	WILLIAM HUSON 216 NEACTEMPLE HAVANA IC 3233	<u>Rp</u> 3—
·		
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of fil effective date is listed, the date must be specific	ing: (OPTIONAl and cannot be more than five business days prior	AL) r to or 90 da
effective date is listed, the date must be specific te of filing.)	ing: (OPTION A and cannot be more than five business days prior	AL) r to or 90 da
effective date is listed, the date must be specific to of filing.) CLE VI: Other provisions, if any.	and cannot be more than five business days prior	r to or 90 da
effective date is listed, the date must be specific to of filing.) CLE VI: Other provisions, if any.	ing: (OPTIONA and cannot be more than five business days prior	r to or 90 da
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effective date is listed, the date must be specific te of filing.) CLE VI: Other provisions, if any.	and cannot be more than five business days prior	r to or 90 da
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