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Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A Fresh Step Carpet Cleaning, 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:
Darius Lee Name of Person
A Fresh Step Carpet Cleaning, LLC
311 N. Buena Vista Ave
Orlando FL 32835 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darius Lee at (407) 283-8159  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee \$\bigcup \\$\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$\$ Certified Copy (additional copy is enclosed) \$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

**Street/Courier Address** 

**Division of Corporations** 

Registration Section

Clifton Building

**Mailing Address** 

P.O. Box 6327

Registration Section

**Division of Corporations** 

**ARTICLE I - Name:** 

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability  ARTICLE II - Address:  The mailing address and street address of the printing address and street address and street address of the printing address and street address an	et Cleaning LLC y Company, "L.L.C.," or "LLC.") ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Name 311 N. 8	red Agent. You must designate an individual peranother agent are:  Nilliams  Puena Vista Ave Barress (P.O. Box NOT acceptable)  FL 32835

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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: