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Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE
SECRETARY OF STATE

K.SALY EXAMINER MAR 1 4 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations	.*	
SUBJECT: Clean Solutions Exterior Special	lioto II C	
	imited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Charlie Stoll	Name of Person	
Clean Solutions Exterior Specialis	ste IIC	
Giodi, Columbia Extendi Opodom	Firm/Company	
3208 Pointe West	Address	
Sebring, FL 33872	City/State and Zip Code	
needwater1@gmail.com E-mail address: (to be us	ed for future annual report notificat	ion)
For further information concerning this matter, pl	ease call:	
Elaine Stoll at (	Area Code Daytime Tele	phone Number
Enclosed is a check for the following amount:	_	_
□ \$125.00 Filing Fee	□\$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	Street/Courier Addre Registration Section	ess .
Division of Corporations P.O. Box 6327	Division of Corporati Clifton Building	ons

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

U

ARTICLE I - Name:					
The name of the Limit	ed Liability Com	pany is:			٠٠٨ ١
					A STATE OF THE STA
Clean Solutions Ext	erior Specialists	LLC		7	2 %
(	Must end with th	e words "Limited L	iability Company, "L.I	C.," or "LLC.")	元 へ <b>、</b> へ
					30%
ARTICLE II - Addre		of the privatual offi	ice of the Limited Liab	lite Company is:	35.7
The maning address a	na sacei adaress	or the principal on	ice of the Enimed Liab	inty Company is.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Principal Office Add	ress:		Mailing Address:		MILLAND OF STATE OF S
0000 D : 4 W 4			OOOO Dainta Mant		
3208 Pointe West Sebring, FL 33872		<del></del>	3208 Pointe West Sebring, FL 33872		_
Sephing, I L SOUTE			OCDINIG. I E GOOTE		<b>-</b> -
		_			_
			Registered Agent's S		• • •
(The Limited Liability another business entity	Company canno	l serve as its own R	egistered Agent. You r	nust designate an indiv	vidual or
another business entit	y with all active r	iorida registration.	)		
The name and the Flor	rida street address	of the registered a	gent are:		
	Elaine Stoll	Name			
		Name			
	3208 Pointe V				
	Florida street a	ddress (P.O. Box 1	NOT acceptable)		
	Sebring		FL 33872		
		City	Zip	<del></del>	
	_	_			
			ice of process for the al		
			the appointment as regi Call statutes relating to		
			gations of my position a		
- <b>JJ</b>	<b>J</b>		r 605, F.S	0 0 1	•
		a hunt	11		
		CINX	W		
	Penister	ed Agent's Signatu	re (REOURED)		
	vegiatei	en væent a mendin			
		(CONTINUE	D)		

Page 1 of 2

Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Charlie Stoll
	3208 Pointe West
	Sebring, FL 33872
<del></del>	
Use attachment if necessary)	
• *	of tiling: (ODTIONAL)
Use attachment if necessary)  V: Effective date, if other than the date	of filing: (OPTIONAL)
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