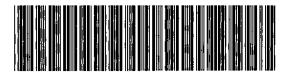
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

MAY 0 6 2014

S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hassell's carpet and tile cleaning service "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:
Geon Gray Hossell JT Name of Person
Hassell's carpet and tile cleaning service
5504 Shadou Grove BIUD Address
Pensacola F1 32-52 6 City/State and Zip Code
grayhassel Catt net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gen Gray Hassell Tr at (850) 450-2724 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hassel's carpet	and tile	cleaning	service "LLC"
	the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addres	e of the mineinal o	ffice of the Limiter	d Lighility Company is:
The marring address and street address	is or the principal o	NA-W AAA-	, , ,

Principal Office Address:	Mailing Address:
5504 Shadou Grove BIVD	5504 Stadou Grave BIUD
pensacola Pl 32526	rensocate H 32526
	P

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Glan Gray Hassell	ĪC
Name	
5504 Shadou Grave	BUD
Florida street address (P.O. Box 1	
Pensacola	FL 32526
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..

(CONTINUED)

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SECRETARY STATE

Fitle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
M6R	Glenn Gray Hassiell OT 5504 Shadhu Grove BIDD Pensacola Pl 32526
V: Effective date, if other than the date	of filing: 4/28/M(OPTIONAL)
V: Effective date, if other than the date cive date is listed, the date must be sperfiling.)	of filing: 4/28/4 (OPTIONAL) ceific and cannot be more than five business days prior to or
V: Effective date, if other than the date tive date is listed, the date must be spefiling.)	of filing: 4/28/4 . (OPTIONAL) ecific and cannot be more than five business days prior to or
V: Effective date, if other than the date extive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or
REQUIRED SIGNATURE: Signature of ame (In accordance with section 60 constitutes an affirmation under 1 am aware that any false inform	of filing: 4284 (OPTIONAL) ceific and cannot be more than five business days prior to or mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
V: Effective date, if other than the date extive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information constitutes a third degree felon	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

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SECRETARY STATE