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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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14 APR 30 PH 12: 35

SECRETARY OF STATE

ALLAHASSEE FROSES,

MAY 0 7 2014 S. YOUNG

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Bare Foot Clean, 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: |
| Cami King Name of Person |
| Bare Foot Clean LLC Firm/Company |
| 913 Webster Lane Address |
| Paxton, FL 32567 City/State and Zip Code Cami, King & ymail, Com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to-be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Cami King at (334) 7/64-3600 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\Bigsiz \text{\$125.00 Filing Fee} \text{\$\Bigsiz \$130.00 Filing Fee} \text{\$\Bigsiz \$\Bigsiz \$155.00 Filing Fee} \$\Bigsiz \$\Biz \$\Bigsiz \$\Biz \$\Bigsiz \$\Biz \$\Biz \$\Biz \$\Biz \$\Biz \$\Biz \$\Biz \$\Biz \$\Biz \$\Bi |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | _ | | |
|--|--|--------------------|------------------|---------------|
| The name of the Limited Liability Company is: | | | | |
| Ross God Class |) (| | | |
| Bare Foot Clean, L (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC." | <u> </u> | | |
| ARTICLE II - Address: The mailing address and street address of the principal off | ice of the Limited Liability Company is | :: | | |
| Principal Office Address: | Mailing Address: | | | |
| 913 Webster Lone Paxton, FL 32567 | 913 webster La. | <u>ne</u> | | |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration.) | | n individı | ual or | |
| The name and the Florida street address of the registered a | gent are: | | | |
| Cani King | | | | |
| 913 Webster L Florida street address (P.O. Box) | | | | |
| Paxton City | FL 32567 Zip | | | |
| Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obliging the complex of the control o | the appointment as registered agent and fall statutes relating to the proper and co | agree to omplete p | act in erforn | this nance |
| Registered Agent's Signatu | <u> </u> | ٠ | | |
| (CONTINUE | D) | SECR | 14 | |
| Page 1 of 2 | | MIKSSEE FLORI | APR 30 PH 12: 35 | FILED |
| | · | Sim | ယ္တ | |

| Title: | Name and Address: | | |
|--|--|--------------|-----------|
| "AMBR" = Authorized Member "MGR" = Manager | A - 1 1/2 - | | |
| INGR. | 19445 Cason Lone | | - - |
| , w > 0 | Andalusia, Al 3646 | <i>V</i> | - |
| AMBR | Jammie laylor 23070 Loango Rd | | _ |
| | Red Level, At 36479 | | _ |
| | | | - - |
| | | | _ |
| | | | - - |
| 4. | | | - |
| (Use attachment if necessary) | | | |
| offective date is listed, the date must be e of filing.) | ate of filing: (OPTIC specific and cannot be more than five business days p | rior to or | 90 ds |
| effective date is listed, the date must be the of filing.) CLE VI: Other provisions, if any. | specific and cannot be more than five business days p | rior to or | 90 da |
| effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. | specific and cannot be more than five business days p | rior to or | 90 da |
| effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days p | rior to or | 90 da |
| REQUIRED SIGNATURE: Signature of a regulation (In accordance with section 605.0 mstitutes an affirmation under the penaltic m aware that any false information subm | member or an authorized representative of a member 0203 (1) (b), Florida Statutes, the execution of this document of perjury that the facts stated herein are true. itted in a document to the Department of State | rior to or | 90 da |
| REQUIRED SIGNATURE: Signature of a regulation (In accordance with section 605.0 mstitutes an affirmation under the penaltic m aware that any false information subm | member or an authorized representative of a member or 20203 (1) (b), Florida Statutes, the execution of this documents of perjury that the facts stated herein are true, itted in a document to the Department of State d for in s.817.155, F.S.) | rior to or | 90 da |
| REQUIRED SIGNATURE: Signature of a regulation (In accordance with section 605.0 mstitutes an affirmation under the penaltic m aware that any false information subminstitutes a third degree felony as provided. | member or an authorized representative of a member 0203 (1) (b), Florida Statutes, the execution of this documents of perjury that the facts stated herein are true, itted in a document to the Department of State d for in s.817.155, F.S.) Typed or printed name of signce | rior to or | 90 da |
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