Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CLARA GIRALDO, P.A.

Account Number: Il9990000017

Phone : (305) 485-9300

Fax Number

: (305)485-1098

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Lmail	Address:	

FLORIDA LIMITED LIABILITY CO. CHLORINE ON THE GO, LLC.

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

CHLORINE ON THE GO, LLC.

ARTICLE 1 - NAME

The name of the Limited Liability Company is:

CHLORINE ON THE GO, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

6326 SW 14 ST MIAMI, FL. 33144

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

MARIA M. COLOMA

6326 SW 14 ST
Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33144

City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 2914 MAY 12 AM 8: 50
SECHETARY OF STATE
AND AMASSEE, FLORIDA

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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..

LUGILA COLOMA
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MARIA M. COLOMA 6326 SW 14 ST MIAMI, FL. 33144

MANAGER

ALBERTO E. ALONSO 6326 SW 14 ST MIAMI, FL, 33144

MANAGER.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Floride Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARIA M. COLOMA
Typed or printed name of signee

