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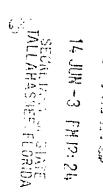
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: SEMPER CLEAN, LLC Name of Lin	nited Liability Company	
The en	closed Articles of Organization and fee(s) an	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	Alfredo R. Perez and/or Edith E. Pe	Prez Name of Person	W. A. C.
	SEMPER CLEAN, LLC	Firm/Company	4
	915 Goldie Park Lane	Address	
	Lutz. FL 33548	City/State and Zip Code	
.ae	nisp2007@gmail.com E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, plea	ase call:	
Alfred	o R. Perez and/or Edith E. Perez at () Name of Person		ephone Number
	ed is a check for the following amount: 0 Filing Fee \$\overline{\omega}\$\$130.00 Filing Fee & Certificate of Status	□\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addi Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
,		
SEMPER CLEAN, LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princip	oal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
915 Goldie Park Lane	915 Goldie Park Lane	
Lutz, FL 33548	Lutz, FL 33548	······································
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must de	
The name and the Florida street address of the regist	ered agent are:	
Alfredo R. Perez		
N	Jame	
915 Goldie Park Lane	<u> </u>	
Florida street address (P.O.	Box NOT acceptable)	
Lutz	FL 33548	
City	Zîp	
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provise of my duties, and I am familiar with and accept the	eccept the appointment as registered a ions of all statutes relating to the prop	ngent and agree to act in this per and complete performance
Registered Agent's S	Signature (REQUIRED)	- Bo -
	ر السام الم	The Committee of the Co
`	INUED)	See
Page	:1 of2	PHO: 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Alfredo R. Perez
	915 Goldie Park Lane
	Lutz, FL 33548
MGR	Edith E. Perez
	915 Goldie Park Lane
	Lutz, FL 33548
· · · · · · · · · · · · · · · · · · ·	
	.,
Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
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E V: Effective date, if other than the date ctive date is listed, the date must be spond filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information than the date of the section 60 constitutes an affirmation under 1 am aware that any false information than the date of the section 60 constitutes an affirmation under 1 am aware that any false information than the date of the section of the section 60 constitutes an affirmation under 1 am aware that any false information under 1 am aware that a a	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of 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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