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(Re	questor'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:	





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FEB 2 4 2015

T. HAMPTON

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
suвјест: <u>///</u>	Name of Lin	nited Liability Company	- LLC
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corres	spondence concerning this m	atter to the following:	
	Peggy	Name of Person	
MA	- phy Cleanic	Enm/Company	LLC
44	k3 Englas	Modd Rue Address	
		Florida 3 City/State and Zip Code	
murphy	E-mail address: To be use	d for future armual report notifica	ation)
For further information	n concerning this matter, plea	ase call:	
Peggy M	at (at (at (at (at (936 40H 81 Area Code Daytime Te	lephone Number
Enclosed is a check for	r the following amount:		
□ \$125,00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ting Address	Street/Courier Add	<u>r ess</u>

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mice	$\rho \nu $	Clear	\sim	a Service Lho	
•	Mus	t end with the	words "	L)mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing ac		treet address of	f the pri	ncipal office of the Limited Liability Company is:	
Principal Offi	ice Address	<u>:</u>		Mailing Address:	
		3		1 · · · ·	

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:

Name

H463 Englewood Ave
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32207

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.

Page 1 of 2

(CONTINUED)

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SECRETARY OF STATE