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| (Requestor's Name) | | |
|-----------------------------------------|------------------------|--|
| (Address) | | |
| (Address) | | |
| (City/S | tate/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE
AND AHASSEF-FLORIBA

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COVER LETTER

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| TO: Registration Section Division of Corporations | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| SUBJECT: R.T.E. Cleanout Sorvice 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: | |
| | |
| Kohert Melvin | |
| Name of Person | |
| R.T.E. Cleanout Service | |
| Firm/Company | |
| | |
| 474 Donahue Dr | |
| Address | |
| Venus F1 33960 Pm 3 | _ |
| City/State and Zip Code | Y |
| City/State and Zip Code Mgcumbera 99 @ amil. Com Email address) (to be used for future annual report notification) For further information concerning this matter, please call: | |
| Ear forther in formation consuming this matter than 1970 | - |
| For further information concerning this matter, please call: | 7 |
| Robert Melvin a1 (863) 484-2181 | <u>ئى</u> . |
| Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$ \$130.00 Filing Fee \$ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy | |

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| R.T.E. Cleanout Service UC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | |
| Principal Office Address: Mailing Address: | | | |
| 474 Donahue Pr Srime. Venus, Fl 33960 | | | |
| 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: | | | |
| MARK S. GRUN BERG | | | |
| Name | | | |
| 528 PENSKI RP. SER - P. | | | |
| Florida street address (P.O. Box NOT acceptable) | | | |
| VENU FL FL SSEOS = D | | | |
| 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 | | | |
| Registered Agent's Signature (KBOUIRED) | | | |

Page 1 of 2

(CONTINUED)

| The name and address of each person authoric | zed to manage and control the Limited Liability Company: |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
| "MGR" = Manager / Ambr | Robert Melvin 474 Varahue Dr Venus Fl 33960 |
| Vice president/Ambr | Tina Meluin 474 Donahue Dr Venus, Fl 33960 |
| Secertary /Ambr | Frin Lepport 474 Donahue Or Venus F1 339100 |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the date of fil (If an effective date is listed, the date must be specific the date of filing.) | ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days after |
| ARTICLE VI: Other provisions, if any. | A 28 |
| | |
| REQUIRED SIGNATURE: | opert Fig. 1 |
| (In accordance with section 605.020 constitutes an affirmation under the | or an authorized representative of a member. Of (1) (b), Florida Statutes, the execution of this document of penalties of perjury that the facts stated herein are trie. On submitted in a document to the Department of State provided for in s.817.155, F.S.) |
| Erin Lep | per de de la composition della |
| | Filing Fees |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-