L15000088974

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Name up - 43-57. Admin distoffice Use Only
Name up - 4357.
Admin dissoffice Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2015

ASHLEY KIRKLAND 428 W MONTROSE ST CLERMONT, FL 34711

SUBJECT: A CLASSY CLEAN LLC Ref. Number: W15000025565

We have received your document for A CLASSY CLEAN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L13000090956.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 315A00007297

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: HOUSSY Clean 446 A GOSSY Clean Nation of Limited Liability Company With Company Nation of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Ashrey Kirkland Name of Person
	Firm/Company
	428 W. Montrose St.
	Clement, Fl. 34711 City/State and Zip Code
	ACI as 34 Clean & Yahoo Com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
Ash	Name of Person at (352) 530-3249 Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

ARTICLE 1 - Name: The name of the Limited Liability Company is:
A Classy Clean YSC D Classy Clean by Ashley (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address: DA ROY 1211 AR
428 M. Montrose St. 428 N. Montrosest, Clermontifel 34711 Chemontifel 34711
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:
Ashley Kirkland
Florida street address (P.O. Box NOT acceptable)
Clermont FL 34711 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 (REQUIRED)
(CONTINUED)
Page 1 of 2

Citle:	Name and Address:
AMBR" = Authorized Member MGR" = Mapager	A
MG R	Ashley Kirkland
·	CHEMON FL 34711
	P.O BOX 17,1603
	(1ermon+, FC-34712
	
Tee attachment if necessary)	
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