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(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Decument Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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TO JUN 26 PH L: 48
SECURIANS OF STATEA

T. Buren JUN 3 0 2015

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Candy Claning LLC 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:			
Francisca Estrada Name of Person			
Candy Cleaning LLC Firm/Company			
777 June Parkuay			
North Fort Myers Fla City/State and Zip Code			
PCFC 7895 O Smail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Francisca Estrada at (235) 500-6704 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)			

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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 I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
777 June Parkage North Fort Myers Floring 37403 ARTICLE III - Registered Agent, Registered Office, &	
(The Limited Liability Company cannot serve as its own Ro another business entity with an active Florida registration.)	= -
The name and the Florida street address of the registered ag	gent are:
Francisca Es	AHASS
Florida street address (P.O. Box N	NOT acceptable)
1/ 11 1	770.0

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

The name and address of each person authorized	to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Pote Estrada 777 June Puchuay North Fort Myeal Fla 33903
 	
(Use attachment if necessary)	26 PM III
ARTICLE V: Effective date, if other than the date of filing. If an effective date is listed, the date must be specific and the date of filing.)	d cannot be more than five business days prior to days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: - Pet the Manual Signature of a member of	an authorized representative of a member.
constitutes an affirmation under the per 1 am aware that any false information si constitutes a third degree felony as pro-	nalties of perjury that the facts stated herein are true. ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
Pete Estre Typed	or printed name of signee

ARTICLE IV-

Page 2 of 2

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

Filing Fees: