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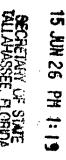
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T 2	COVERLETTER
	Registration Section Division of Corporations
SUBJEC	Clutter Bug Hauling, LLC
, , , , , , , , , , , , , , , , , , , ,	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following: Graham Munce
	Name of Person
	Firm/Company
	200 West Bay Drive
	Address
	Largo, FL 33770
	City/State and Zip Code graham@uthriveassetdevelopment.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Graham Munce 727 902-3394 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mulling Address

Mailing Address

ì:

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ART	ICT.	E I	- N:	me:

The name of the Limited Liability Company is:

15 JUN 26 PM 1: 28

Clutter Bug Haulir			550	RETAIRY OF STATE
(Must en	d with the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")	HASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited	Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
200 West Bay Dr Largo, FL 33770			200 West Bay Dr Largo, FL 33770	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida street	ny cannot serve as its owr n active Florida registration	n Registered Agent, on.) d agent are:	nt's Signature: You must designate an indivi	dual or
		Name		
	200 West Bay Dr.	(0.0.0		
Florida street address (P.O. Bo		· ——-	•	
	Largo City	FL State	33770	
	City	State	Zip	
Having been named as registered place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the app provisions of all statutes r obligations of my position MAR	pointment as register relating to the proper as registered agent	ed agent and agree to act in the and complete performance of as provided for in Chapter 60.	his capacity. I f my duties, and I
	Regisi	tered Agent's Signat	ure (REQUIRED)	

(CONTINUED)

 $Page \, 1 \, of \, 2$

APPROVEL FILED
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:		Name and Address:	15 JUN 26 PM 1: 28
"MGR" = MGR	- Authorized Member Manager —————	Graham Munce	SECRETARY OF STATE TALLAHASSEE FLORIDA
MGR		Kathleen Munce	
			·
_			
(Use attacl	ment if necessary)	-	
If an effective date he date of filing.) <u>Note:</u> If the date in:	serted in this block does not meet to ctive date on the Department of St	and cannot be more than five the applicable statutory filing is	(OPTIONAL) re business days prior to or 90 days after requirements, this date will not be listed as
REOUIRE	DSIGNATURE: Maham M	Uncl	
	Signature of a membe (In accordance with section 6 constitutes an affirmation und	r or an authorized represent 05.0203 (1) (b), Florida Statut ler the penalties of perjury that prination submitted in a docume	tes, the execution of this document the facts stated herein are true. ent to the Department of State
	5	. ,	2, 1
		MWCE ped or printed name of signee	

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)