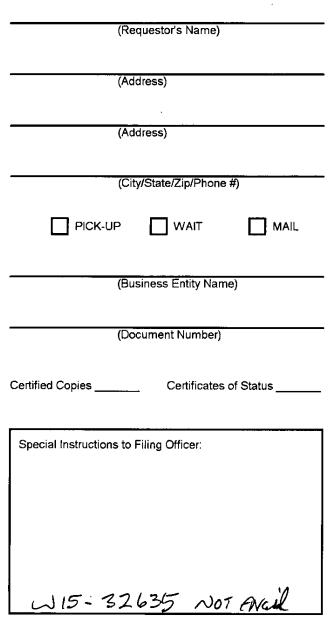
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TAIL AHASSES, FLORIDA

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FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 18, 2015

CATRINA COPENHAVER 7897 CR 109-E LADY LAKE, FL 32159

SUBJECT: CC'S CLEANING, LLC Ref. Number: W15000032635

We have received your document for CC'S CLEANING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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.

The document number of the name conflict is L13000113504 "CC'S CLEANING LLC".

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.

Karen A Salv Regulatory Specialist II

Letter Number: 515A00012818

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cota and Coddly 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:
Catrina Copanhavar
Cuta and Cuddly Clarning LLC Firm/Company
7897 CV. 109E Address
LZdy LZKQ F/Z. 32159 Nallat 446 B and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	LE I	[-	Na	me:
,	I AL		414		1.49	me.

The name of the Limited Liability Company is:

Cuta and Cuddy Clarning LLC

(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:
7897 Cr. 109E	7897 CR 109E
Lady Leka F/2.	LEDV LERU Fla.
32149	32159

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:

Catrina Copenhauer	2015 TALL
Name V	温温 と 二
7897 Cr. 109E	ASS. 6 [
Florida street address (P.O. Box <u>NOT</u> acceptable)	m g m
LadyLake Fla. 32159	D FFS!
City State Zip	9.3

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Catrina Capenhauer 7897 Cr. 109 E Lady Lake F/2 32159			
	PACE TO THE PACE T			
(Use attachment if necessary)	PH 2: 3)			
n effective date is listed, the date must be spec ate of filing.)	f filing:			
FICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	Doponhaver			
Signature of a mem This document is executed I am aware that any false in	aber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.			

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)