

L15000184449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

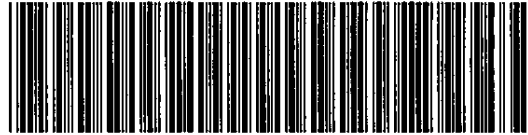
(Business Entity Name)

(Document Number)

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W15-62365

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15 OCT 30 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. BUREAU NOV 02 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Extreme Clean Freaks  
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:

Jacquelyn Hoback  
Name of Person

Extreme Clean Freaks  
Firm/Company

P.O. Box 180984  
Address

Casselberry, FL 32718  
City/State and Zip Code

hobackjacquelyn@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Hoback at (407) 721-3277  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address \***

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2015

JACQUELYN HOBACK  
PO BOX 180984  
CASSELBERRY, FL 32718

SUBJECT: EXTREME CLEAN FREAKS LLC  
Ref. Number: W15000062365

We have received your document for EXTREME CLEAN FREAKS 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 815A00019849



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 OCT 30 AM 9:20

SEAL OF THE  
TALLAHASSEE, FLORIDA

October 9, 2015

JACQUELYN HOBACK 2nd ml  
812 woodstream lane  
CASSELBERRY, FL 32707

SUBJECT: EXTREME CLEAN FREAKS LLC  
Ref. Number: W15000062365

We have received your document for EXTREME CLEAN FREAKS 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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Tim Burch  
Regulatory Specialist II

Letter Number: 815A00019849

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Extreme Clean Freaks 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:

435 Aulin Ave Dade  
FL 32765

Mailing Address:

P.O. Box 180984  
Casselberry FL 32718

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:

Jaquelyn Hoback  
Name

812 Woodstream Lane  
Florida street address (P.O. Box **NOT** acceptable)

Casselberry FL 32707  
City State Zip

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TALLAHASSEE, FLORIDA

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..

Jaquelyn Hoback  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

manager

**Name and Address:**

Jeffrey Gruppe

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Jacquelyn Hoback

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jacquelyn Hoback  
Typed or printed name of signer

**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)