L/4000 5852

| (Address) |
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| (Address) |
| ·· (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| 10. | Division of Corporations | | | |
|------------|---|-------------------|--|--|
| | Naturally Spotless LLC | | | |
| SUBJE | | Limited Liabili | ity Company | |
| | | | | |
| The enc | losed Articles of Organization and fee(s | s) are submitted | for filing. | • |
| Please r | eturn all correspondence concerning thi | s matter to the f | ollowing: | |
| | Matthew Eric Smith | | | |
| | | Name of | Person | |
| | Naturally Spotless LLC | | | |
| | | Firm/Co | mpany | |
| | 30 Camp Creek N Unit #2 | | | |
| | | Addro | ëss | |
| | Panama City Beach, Florida, 32413 | 3 | | |
| | naturallyspotlesslic@gmail.com | City/State and | d Zip Code | |
| | E-mail address: (to be a | sed for future a | nnual report notificati | on) |
| For furthe | er information concerning this matter, pl | ease call: | | |
| | Matthew Smith | 727 | 424-7414 | |
| | Name of Person | Area Code | Daytime Telephon | e Number |
| Enclose | d is a check for the following amount: | | | |
| \$125.00 | Filing Fee S130.00 Filing Fee & Certificate of Status | Certific | 0 Filing Fee & ed Copy al 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 Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230 | er Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | EFFECTIVE DA | TE 1/// | 16 | | |
|---|--|--------------------|--|--|--|
| Naturally Spotless LLC | | . , | 5 [] | | |
| (Must end with the words "Limited Lie | ability Company, "L.L. | .C.," or "LLC.") | 16 JAN -4 PM 2: 17 | | |
| ARTICLE II - Address: The mailing address and street address of the principal office | e of the Limited Liabil | ity Company is: | ALL ARABOTH PLANDA | | |
| Principal Office Address: | | Mailing Ade | dress: | | |
| 30 Camp Creek N | 30 Camp C | Creek N | | | |
| Unit #2 | Unit #2 | | ************************************** | | |
| Panama City Beach, FL, 32413 | Panama Ci | ty Beach, Fl, 324 | 413 | | |
| (The Limited Liability Company cannot serve as its own Reganother business entity with an active Florida registration.) The name and the Florida street address of the registered agreement. | <u>-</u> | Ü | | | |
| Matthew Eric Smith | | | | | |
| N | ame | | | | |
| 30 Camp Creek N Unit #2 | | | | | |
| Florida street address (P | Florida street address (P.O. Box NOT acceptable) | | | | |
| Panama City Beach | Florida | 32413 | | | |
| City | State | Zip | | | |
| Having been named as registered agent and to accept service or place designated in this certificate, I hereby accept the appoint further agree to comply with the provisions of all statutes relati | ment as registered age | nt and agree to ac | ct in this capacity. I | | |

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authori | Name and Address; |
|--|--|
| MGR" = Manager | Zed Member |
| AMBR | Matthew Eric Smith |
| ····· | 30 Camp Creek N Unit #2 |
| | Panama City Beach, Fl, 32413 |
| AMBR | Naomi Hortancia Gallardo |
| | 30 Camp Creek N Unit #2 |
| | Panama City Beach, Fl, 32413 |
| | |
| | |
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| | |
| | |
| V: Effective date, ctive date is listed, filing.) the date inserted in | if other than the date of filing: January 1, 2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, ctive date is listed, filing.) the date inserted in nent's effective date. | if other than the date of filing: January 1, 2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records. |
| ctive date is listed, I filing.) the date inserted in | if other than the date of filing: January 1, 2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records. |
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| EV: Effective date ctive date is listed, I filing.) the date inserted in nent's effective date EVI: Other provision | if other than the date of filing: January 1, 2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records. ons, if any. |
| V: Effective date, ctive date is listed, filing.) the date inserted in tent's effective date. VI: Other provision REOUIRED SIGN | if other than the date of filing: January 1, 2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records. Ons, if any. Signature of a member or an authorized representative of a member. Is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. In aware that any false information submitted in a document to the Department of State |
| EV: Effective date ctive date is listed, filing.) the date inserted in tent's effective date. EVI: Other provision REQUIRED SIGN | if other than the date of filing: January 1, 2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records. Ons., if any. Signature of a member or an authorized representative of a member. Is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. In aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S. |
| EV: Effective date ctive date is listed, I filing.) the date inserted in nent's effective date EVI: Other provision | if other than the date of filing: January 1, 2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records. Ons, if any. Signature of a member or an authorized representative of a member. Is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. In aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S. Matthew Eric Smith |

ARTICLE IV-

Page 2 of 2