L1600029676

(Requestor's Name)	_				
(Address)	_				
(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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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2016

OCTAVIS BLACK 253 CUMQUAT RD NW LAKE PLACID, FL 33852

SUBJECT: AFFORDABLE LAKE CLEANING

Ref. Number: W16000005086

We have received your document for AFFORDABLE LAKE CLEANING and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictious name can not be comnverted.,

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.

Tyrone Scott Regulatory Specialist II

Letter Number: 016A00001605

To whom it may concern,

I, Octavis Black, wish to file Affordable Lake Cleaning as a new LLC, not as a conversion.

Document Number: 316000005086

ATTENTION: THRONE SCOTT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compar	ny is:		
Affordable Lake Cleaning (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
253 Congrat Rd NW Lake Placid, FL 33852	253 Compart Rd NW Lake Placed, FL 33852		
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another		
The name and the Florida street address of	the registered agent are:		

Octavis Black
Name

753 Cungrat Rd NW

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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 pasition as registered agent as provided for in Chapter 605, F.S..

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager

ARTICLE V: Effective date, if other than the date of filing: 9/30/15 ... (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 prov	visions, if any.		
	<u>,</u>		

REQUIRED SIGNATURE

(Use attachment if necessary)

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.

Typed or printed name of signee

Filing Fees

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

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