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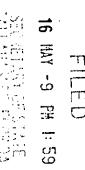
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	gistration Section ision of Corporations
	SCREAMING STEAMING AUTO CLEANING L.L.C.
SUBJECT:	Name of Limited Liability Company
The enclose	Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	JOSHUA GILLEN
-	Name of Person
	SCREAMING STEAMING AUTO CLEANING L.L.C.
-	Firm/Company
	1415 JEFFERSON AVENUE
-	Address
	LEHIGH ACRES, FLORIDA 33972-2422
-	City/State and Zip Code
_	NOVA326@YAHOO.COM E-mail address: (to be used for future annual report notification)
For further int	ormation concerning this matter, please call:
	LEE GILLEN 239 849-1547
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	signature of Status S
	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

i,

ARTICLE I - Name:			FILED		
The name of the Limited Liability	Company is:			16 MAY -9 PM 1:59	
	EAMING AUTO CLEA		"IIC" or "IIC")	SECRETARY OF STATE	
	idi die words. Emilieu i	лаонну Сопрану,	E.L.C., OF LLC.	The state of the s	
ARTICLE II - Address: The mailing address and street add	lress of the principal off	ice of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
1415 JEFFERSON AVENUE LEHIGH ACRES, FLORIDA 33972-2422			1415 JEFFERSON AVENUE LEHIGH ACRES, FLORIDA 33972-2422		
				70712 2122	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own R tive Florida registration Idress of the registered a	tegistered Agent. Y gent are:	ou must designate an indi	vidual or	
	1415 JEFFERSON AVENUE Florida street address (P.O. Box NOT acceptable)				
	LEHIGH ACRES,	FLORIDA	33972-2422		
	City	State	Zip		
Having been named as registered ag place designated in this certificate, I further agree to comply with the provam familiar with and accept the oblig	hereby accept the appoi visions of all statutes rela gations of my position as	ntment as registere uting to the proper	d agent and agree to act in and complete performance s provided for in Chapter 6	this capacity. I of my duties, and I	

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	JOSHUA GILLEN
	1415 JEFFERSON AVENUE
	LEHIGH ACRES, FLORIDA 33972-2422
MGR	LEE GILLEN
	1415 JEFFERSON AVENUE
	LEHIGH ACRES, FLORIDA 33972-2422
	
(Use attachment if necessary)	
CLEV: Effective date, if other than the date	of filing: MAY 1, 2016 . (OPTIONAL)
effective date is listed, the date must be spe	ecific and cannot be more than five business days prior to or 90 days
te of filing.)	
If the date inserted in this block does not m	neet the applicable statutory filing requirements, this date will not be
cument's effective date on the Department of	of State's records.
0	
CLE VI: Other provisions, if any.	

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.

JOSHUA GILLEN

Typed 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)

Page 2 of 2

