Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000104852 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA Account Number : 072450003265 : (305) 634-3694 Phone

: (305)633-9696 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. THE CLEANERS TEAM LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

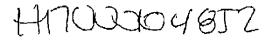
Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efileovr.exe

£0:91 \T0Z/\1/00 3026339696





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

THE CLEANERS TEAM LLC

(Musi contain 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:

10257 SW VILLAGB PARKWAY #203

PORT SAINT LUCIE, FL 34987

10257 SW VILLAGE PARKWAY #203 PORT SAINT LUCIS, FL 34987

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 courty with an active Florida registration.)

The name and the Plorida succe address of the registered agent are:

JOSE D. ALVAREZ

Name

10257 SW VILLAGE PARKWAY #203

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

PORT SAINT LUCIE

FL State 34<u>987</u> 2ip

City

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 60s, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

9696889908 80:91 \102/\1/40

AMBR Authorized Member MCR" = Manager MANAGING MBR JOSE D. ALVAREZ 10257 SW VILLAGE PARKWAY #203 PORT SAINT, HL 34987 MANAGING MBR 10257 SW VILLAGE PARKWAY #203 PORT SAINT, FL 34987	¥203
MANAGING MBR JOSE D. ALVAREZ 10257 SW VILLAGE PARKWAY #203 PORT SAINT, ML 34987 MANAGING MBR YISELA BURGOS 10257 SW VILLAGE PARKWAY #203	¥203
MANAGING MBR 10257 SW VILLAGE PARKWAY #203 PORT SAINT, ML 34987 YISELA BURGOS 10257 SW VILLAGE PARKWAY #203	¥203
MANAGING MBR YISELA BURGOS 10257 SW VILLAGE PARKWAY #203	¥203
10257 SW VILLAGE PARKWAY #203	¥203
10257 SW VILLAGE PARKWAY #203	#203
PORT SAINT, FL 34987	
Use attachment it necessary)	
V: Effective date, if other than the date of filing:	ays prior to or
ctive date is listed, the date must be specific and cannot be more than five business days prior? filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date sent's effective date on the Department of State's records. VI: Other provisions, if any.	ays prior to or
ctive date is listed, the date must be specific and caunot be more than five business days prior ! filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date tent's effective date on the Department of State's records.	ays prior to or
ctive date is listed, the date must be specific and cannot be more than five business days prior (filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date sent's effective date on the Department of State's records. VI: Other provisions, if any. DALL LAWFULL PURPOSES.	ays prior to or
etive date is listed, the date must be specific and cannot be more than five business days prior (filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date tent's effective date on the Department of State's records. VI: Other provisions, if any. ALL LAWFULL PURPOSES. LEGITIRED SIGNATURE:	ays prior to or
etive date is listed, the date must be specific and cannot be more than five business days prior filling.) he date inserted in this block does not meet the applicable statutory filing requirements, this date sent's effective date on the Department of State's records. VI: Other provisions, if any. DALL LAWFULL PURPOSES. Signature of a member or an authorized representative of a member.	ays prior to or ; , this date will n
etive date is listed, the date must be specific and cannot be more than five business days prior filling.) he date inserted in this block does not meet the applicable statutory filing requirements, this date tent's effective date on the Department of State's records. VI: Other provisions, if any. DALL LAWFULL PURPOSES. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida 6	ays prior to or ; , this date will n ember.
etive date is listed, the date must be specific and cannot be more than five business days prior filling.) he date inserted in this block does not meet the applicable statutory filing requirements, this date sent's effective date on the Department of State's records. VI: Other provisions, if any. DALL LAWFULL PURPOSES. Signature of a member or an authorized representative of a member.	ays prior to or ; , this date will n ember.
ctive date is listed, the date must be specific and cannot be more than five business days prior filling.) the date inserted in this block does not meet the applicable statutory filling requirements, this date tent's effective date on the Department of State's records. VI: Other provisions, if any. DALL LAWFULL PURPOSES. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida & I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.	ays prior to or ; , this date will n ember.
ctive date is listed, the date must be specific and cannot be more than five business days prior filling.) the date inserted in this block does not meet the applicable statutory filling requirements, this date tent's effective date on the Department of State's records. VI: Other provisions, if any. DALL LAWFULL PURPOSES. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida & I am aware that any false information submitted in a document to the Department.	ays prior to or ; , this date will n ember.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida & I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S. JOSE D. ALVAREZ	ays prior to or ; , this date will n ember.

80:91 1102/11/60