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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (identity) |
| (0) 10 1 17 10 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , , , |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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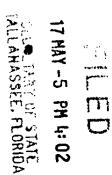
Office Use Only

N. SAMS MAY 08 2017



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05/05/17--01006--028 **125.00



COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|
| SUBJECT: Happy To Klean Name of Limited Liability | Company | |
| The enclosed Articles of Organization and fee(s) are submitted for | or filing. | |
| Please return all correspondence concerning this matter to the fol | lowing: | |
| angela Sistar | relli-Temple | |
| Berryhill Hoffn Firm/Com | nan Getsee DeMeola | |
| 104 NE First | E ave | |
| City/State and Zip Code City/State and Zip Code Chemple & Object Com E-mail address: (to be used for future annual-aport notification) | | |
| For further information concerning this matter, please call: | uarcoport notification) | |
| Name of Person at (35Z) Area Code | 627-4770 Daytime Telephone Number | |
| Enclosed is a check for the following amount: | | |
| Certificate of Status Certified | Filing Fee & \$160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed) | |
| New Filing Section N Division of Corporations D P.O. Box 6327 C | reet Address ew Filing Section ivision of Corporations lifton Building | |
| Tallahassee, FL 32314 26 | 661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | LED |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| The name of the Limited Liability Company is: | 17 MAY -5 PM 4: 02 |
| (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") | MLLAHASSEE, FLORIDA |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | , , , , , , , , , , , , , , , , , , , |
| Principal Office Address: Mailing Ad | dress: |
| 2344 NW 53rd are Pa 2344 NW 5 | 3rd are Ad |

Will Ton

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:

Donna Drye

Name

2344 Nw 53^{TO} Are Pick

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

Ocala Florida State

City State

Zip

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..

Registered Agent's gignature (REQUIRED)

(CONTINUED)

| Title: | Name and Address: |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "AMBR" = Authorized Member "MGR" = Manager | Donna 1 Dryer 2344 NW 53 are Rd Ocala FT 34482 |
| | |
| | |
| | |
| (Use attachment if necessary) | 1 . |
| he date of filing.) | ific and cannot be more than five business days prior to or 90 days after tet the applicable statutory filing requirements, this date will not be listed as |
| ARTICLE VI: Other provisions, if any. | State's records. |
| | |
| REQUIRED SIGNATURE: | |
| Signature of a men This document is executed | ther or an authorized representative of a member. It is a coordance with section 605.0203 (1) (b), Florida Statutes. |

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

17 MAY -5 PM 4: 02