## 480000 46401

(Requestor's Name)
(Address)
(Address).
(Addiess) .
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,,
(Dawn and Martin)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.

Office Use Only



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## COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJEC	CT: Creen Clean Son Name of Limited L	Libility Company	
The enc	osed Articles of Organization and fee(s) are subn	nitted for filing.	
'Please r	cturn all correspondence concerning this matter to	o the following:	. अक्षण क्यान्तः ज्ञान
	Terry wel	me of Person	
	/ Nai	me of Person	
	2915 Morni	Address	
	Tullahassee FL	3230/ tate and Zip Code	
	E-mail address: (to be used for fi	instic (i) gmail . Com inture annual report notification)	
For furth	er information concerning this matter, please call	:	
	Name of Person Area C		९७ - १ <b>१६५६ च्यान्</b> ८ २४
Enclos	ed is a check for the following amount:		
<b>21</b> 25.0	Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy dditional copy is enclosed) Certified Copy (additional copy is enclosed)	)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address  New Filing Section  Division of Corporations  Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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I Terry webb will not reinstate Green Clean Solutions LC.

Toward

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must 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:

7915 morning Side Dr. 2915 morning side Dr. Fulky see FL 32301 Ribbassee FL 52301

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:

Terry well

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

Tallhassec KL 32301

FEB 22 PH 4: 43
PRETARY OF STATE AHASSEE. FLORIDA

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 Signature (REQUIRED)

(CONTINUED)

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Name and Address: Title: 'AMBR" = Authorized Member प्रसार न्यास - ४४ "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (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 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 provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statute I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S. Terry webe Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)