## 48000181972

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T. SCHLOEDER 7.20.18

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Clean K. I. N. G. Cleaning Service, LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cregory Manley Name of Person
2415 San Pedro Ave
Tallahassee, FL 32304  City/State and Zip Code  gregmanley (e@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int \text{\$125.00 Filing Fee} \text{\$\int \text{\$130.00 Filing Fee} & \text{\$\int \text{\$Certificate of Status}} \text{\$\int \text{\$\int \text{\$Certificate of Status}}} \$\int \text{\$\int \te
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

The mailing address and street address of the principal office of the Limited Liability Company is:

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

Greegony Manly

Principal Office Address:

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Clean K. I. N. G. Cleaning Service, LLC

(Must contain the words "Limited Liability Company "L.L.C.," or "LLC.")

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

	Plorida street address	YO ANE (P.O. BOX NOT	acceptable)	
·	Tallahassee	FI_	32364	
•	City	. State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	, I hereby accept the appo rovisions of all statutes re	intment as regist lating to the prot	per and complete performance	e of my duties, and I
	Registe	ered Agent's Sig	nature (REQUIRED)	
		(CONTINUE	D)	
				FILE 20 P. SHE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Gregory Manley
<u> </u>	Gregory Manley  86 Logan Jones vd Havana FL 323.
	Ste logan Jones va Havana Flusco
	·
<del> </del>	
(Use attachment if necessary)  CLE V: Effective date, if other than the	e date of filing:
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