# L18000274965

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

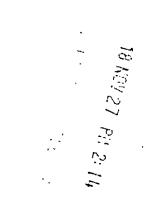
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# COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE		Group U.C. mited Liability Company
The enc	closed Articles of Organization and fee(s) a	are submitted for filing.
Please r	eturn all correspondence concerning this n	natter to the following:
	Angela Or	Name of Person
	SPlash Clean	19 Group ( (.C.) Firm/Company
	204 Beach	Daive
		Address
	Destin FL	32541
	SPlash (Leaning Co	City/State and Zip Code  (CQ O Q O O O O O O O O O O O O O O O O O
For furthe	er information concerning this matter, plea	•
	Angla Quaniels at (	850, 687. 453) Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.00	0 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SPIAS (Louring Group LLC.

(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:
SPInsh Clouring Group 60.0	Splash Cleaning Graph C.C.
204 Beach Drive	204 Beach Pleise
Destin 1 = 1 32541	Dostin, F132541

### 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:

Angla Dani & Bona Daive

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

Opstin FL 32541

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)

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Angela () pripls
marecki.	2011 Beach V P. 10
	DOSIN FL 32541
Manacer	Anthony Daniels
O	Sort Beach Prive
	<u> Destin F13254/</u>
Use attachment if necessary)	
Use attachment if necessary)	11 02 0018
EV: Effective date, if other than th	e date of filing: 11,23,20/8. (OPTIONAL)
EV: Effective date, if other than the	e date of filing:
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EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 desired in the applicable statutory filing requirements, this date will not be

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)