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| (Re | equestor's Name) | |
|---|--------------------|--------------|
| (Ad | idress) | |
| (Ad | ldress) | <u> </u> |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | rsiness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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| | <u>-</u> | |
| Office Use Only | | |



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COVER LETTER

| TO: | New Filing Section Division of Corporations |
|-----------|---|
| SUBJE | Name of Limited Liability Company |
| The en | closed Articles of Organization and fee(s) are submitted for tiling. |
| Please | return all correspondence concerning this matter to the following: |
| | Aphonso Coroy Rebutson |
| | |
| | 723 andre st. |
| | Address |
| | Tallahassee, FL 32301 City/State and Zip Code EnviroCléane/SJHSQ gnail · Cont E-mail address: (to be used for future annual report notification) |
| | EnvivoCleanerSSHSOgmail. Com |
| | E-mail address: (to be used for future annual report notification) |
| For furti | ner information concerning this matter, please call: |
| | |
| | Name of Person Area Code Daytime Telephone Number |
| Enclos | sed is a check for the following amount: |
| | On Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) S160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301 |

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITE | ED LIABILITY COMPANY |
|---|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| Envivo - Cleaners (Must contain the words "Limited Liability Compan | L.L.C., y, "L.L.C.," or "LL.C.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limit | ed Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 773 aprila St. Tallebrassee, FC. | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.) | gent's Signature: t. You must designate an individual or |
| The name and the Florida street address of the registered agent are: All wife Rahme | <u>M</u> |
| 773 GOGCIE 5/. Florida street address (P.O. Box NOT | |
| ineli la como 17 | |

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.,

State

(CONTINUED)

| Title: "AMBR" = Authorized Member | Name and Address: | | |
|---|---|--|--|
| "MGR" = Manager $M \hat{G} K$ | Alderso Robinson | | |
| M.E.R. | Ricardo Ackerman 1401 Victoria St. Tallabussec, FL 32310 | | |
| | | | |
| (Use attachment if necessary) | | | |
| he date of filing.) | rific and cannot be more than five business days prior to or 90 days after set the applicable statutory filing requirements, this date will not be listed as | | |
| This document is execute I am aware that any false | nber or an authorized representative of a member. India accordance with section 605.0203 (1) (b). Florida Statutes information submitted in a document to the Department of Status felony as provided for in s.817.155. F.S. | | |
| \$125.00 Filing Fee for Articles of Org \$-30.00 Certified Copy (Optional) \$-5.00 Certificate of Status (Options | Filing Fees: anization and Designation of Registered Agent | | |

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