# L19000093541

(D <sub>2</sub>	equestor's Name)	
(ne	equestors Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
	<b>—</b>	<b>—</b>
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	i
<u> </u>		

Office Use Only



000324533180

02/13/19--01011--023 \*\*160.80

FILED

9 APR -8 PH 4: 39

SECRETARISSEE FLORIDA

# COVER LETTER

∢3

	New Filing Section Division of Corporations
CHIDIEC	Dream Clean LLC
SUBJEC	Name of Limited Liability Company
The encle	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Jeremy Layman
	Name of Person
	Firm/Company
	2606 E 111th Ave
	Address
	Tampa Florida. 33612
	City/State and Zip Code
	idaknight79@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Jeremy Layman 813 423-1518
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (Certified Copy (additional copy is enclosed)

# 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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2019

JEREMY LAYMAN 2606 E 111TH AVENUE TAMPA, FL 33612

SUBJECT: DREAM CLEAN LLC Ref. Number: W19000017130

We have received your document for DREAM CLEAN LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 919A00003662

www.sunbiz.org

DO DOVI GOOD MILL DI LI CO

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Orearn Clean ELC	ain the words "Limited Lie	titude Ll		<del>-</del>
(IVIDSI COIL	am die words Timmed En	atimity Company,	ining., or thic.	
RTICLE II - Address: he mailing address and street a	ddress of the principal offi	ice of the Limited I	Liability Company is:	
-	al Office Address:		Mailing Address:	
2606 E 111th Ave		2606 E	111th Ave	
the Limited Liability Company other business entity with an a	cannot serve as its own R active Florida registration.	egistered Agent, Y )	's Signature: ou must designate an individual c	19 SE
The Limited Liability Company nother business entity with an a	cannot serve as its own R active Florida registration. address of the registered a	egistered Agent, Y )		<b>19</b> [A]
The Limited Liability Company nother business entity with an a	cannot serve as its own R active Florida registration. address of the registered a Jeremy Layman	egistered Agent, Y )		19 APR - SEGNE AN FALLAHAS
The Limited Liability Company nother business entity with an a	cannot serve as its own R active Florida registration. address of the registered a Jeremy Layman	egistered Agent, Y ) gent are:		19 APR -8 SECIVE LAVI FALLAHASSE
The Limited Liability Company nother business entity with an a	reannot serve as its own Reactive Florida registration. address of the registered a  Jeremy Layman	egistered Agent. Y ) gent are: Name	ou must designate an individual o	19 APR -8 SEGNE AND FALLAHASS
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a The name and the Florida street	reannot serve as its own Ractive Florida registration.  address of the registered a  Jeremy Layman  2606 E 111th Ave	egistered Agent. Y ) gent are: Name	ou must designate an individual o	19 APR -8 SECIVE LAVI FALLAHASSE

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..

(CONTINUED)

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Jeremy Layman AMBR 2606 E 111th Ave Tampa, FL 33612 **AMBR** Khristian Hudgins 2606 E 111th Ave Tampa, FL 33612 Jeremy Layman **AMBR** 2606 E 111th Ave Tampa, FL 33612 **AMBR** Jeremy Layman 2606 E 111th Ave Tampa, FL 33612 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_. (OPTIONAL) (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 the date of filing.) 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 Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jeremy Layman

Typed or printed name of signee

### 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)