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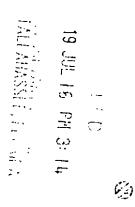
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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W19-46510

D O'KEEFE
JUL 2 6 2019



# FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2019

DEBRA ANN ASBACHER 16908 FLORENCE VIEW DRIVE MONTVERDE, FL 34758

SUBJECT: CLEAN AND GREEN, LLC

Ref. Number: W19000046510

Meant to file a LLC, Sending correct application and additional money,

We have received your document for CLEAN AND GREEN, LLC and your check(s) totaling \$78.75. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000061214.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 419A0000956

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# **COVER LETTER**

	ivision of Corporations
SUBJECT	Clean and Green Services, LLC
000000	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Kimberly Cudmore
	Name of Person
	Clean and Green Services, LLC
	Firm/Company
	16908 Florence View Dr
	Address
	Montverde, FL 34756
!	City/State and Zip Code kcudmore@me.com
•	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Kimberly Cudmore 602 363-0745
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{Cadditional copy is enclosed}} \int_{\text{S160.00 Filing Fee.}} \int_{\text{Certified Copy (additional copy is enclosed)}} \int_{\text{Certified Copy (additional copy is enclosed)}}} \int_{\text{Certified Copy (additional copy is enclosed)}} \int_{C
	Mailing Address     Street Address       New Filing Section     New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Clean and Green Services, 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:** 

16908 Florence View Dr	16908 Florence View Dr
Montverde, FL 34756	Montverde, FL 34756
· <del></del>	

# 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:

Debra Asbacher				
	Name			
16908 Florence View Di	rive			
Florida street addres	ss (P.O. Box <u><b>NOT</b></u> ac	ceptable)		
Montverde	Florida	34756		
City	State	Zip		

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)

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

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
	MGR - Manager	Kimberty Cudmore
		16908 Florence View DR
		Montverde, FL 34756
	AMBR	Debra Asbacher
	MADEL	16908 Florence View DR
		Montverde, FL 34756
		MOREVEILE, FE 34730
		<del></del>
	(Use attachment if necessary)	
	CLE V: Effective date, if other than th	
		be specific and cannot be more than five business days prior to or 90 days after
	te of filing.)	
	out the date inserted in this block does cument's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not be listed a
ine uo	cument's effective date on the Depart	ment of State's records.
	CLE VI: Other provisions, if any.	
None	· · ·	
	-	
	REQUIRED SIGNATURE:	
		A -
	<u> </u>	A
		l/a member or an authorized representative of a member.
		executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	Lam aware that an	v falce information submitted in a document to the Department of Statu

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.

Debra Asbacher

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)

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