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FLORIDA LIMITED LIABILITY CO. SUPPLIESCLEANS LLC

Certificate of Status	1
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JAN 24 AM 10: 52

ARTICLE I - Name: The name of the Limited Liability Company is:

m · ·
Supplies cleans LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Lir rited Liability Company is:
1333 W 49TH PL APT 212, HIALEAH FL
33012
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (1) a Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another lusiness entity with an active Florida registration.)
EDILIA CAROLIN ROSell MARSTre
1333 W 49TH PL APT 212, HIALONH, FL
33012
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
EDILIA CArolin Rosell Maestre (AMBR
YATDIMAR CATOLINA CASTO CASTILLO
(MGR)

Required Signatures:

Edilia chore Xante

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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. 3.

Edilia Rosell MARITRE

Typed or printed name of signee

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 herel: y 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 (REOURED)

SECRETARY OF STATE