L21000094308

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

W210007859

Office Use Only

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T. SCOTT



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CURLIARY OF STATE

9091 FFB 16 PM 2:



January 26, 2021

JOANN SNELSON 2847 8 IRON DRIVE LAKELAND, FL 33801

SUBJECT: CLEAN&CLASSY LLC Ref. Number: W21000007859

We have received your document for CLEAN&CLASSY 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):

Page i of document missing.,

Please return the corrected original and one copy of 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.

Letter Number: 321A00001797

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

COVER LETTER

Division of Co	rporations		
SUBJECT: () {	ana Classe	1. [(.	
	Name of Lim	rked Liability Company	
The enclosed Articles of	(Organization and fee(s) are	submitted for filling.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	o Sradson		
70000	<u>n Jan Bua</u>	Name of Person	
Clean	" Classy L.I	Ċ.	
		Firm/Company	
264	TEIRIN D	ſ	
		Address	
Lake	cland Fl	33801 ty/State and Zip Code	
7.	, G	ty/State and Zip Code	
Deknin	Snelson 43 (H	gniai Com	
1	E-mail address: (to be used)	or future annual report notificat	ion)
For further information co	neerning this matter, please	call:	
-\(\frac{1}{1}\); a	n Snelson my X	63 , 279-83	270
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Linclosed is a check for the	he following amount:		
[7]\$125,00 Filing Fee	TI\$130,00 Filing Fee &	□\$155,00 Filing Fee &	15160,00 Filing Fee.
. Stepher time rec	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
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Mailie	a Vildem.	Struct Address	

Mailing Address

TO:

New Filing Section

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

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
2947 Siron Dr. Lakeland, FL 33901	2847 9 1100 Dr. Lake land, FL 33801

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Joann Snelson

Name

2047 8 Iron Dr.

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

La Keland FL 33801

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Joann Snelson 2847 8 Iron Drive Lakeland, FL 33801
(Use attachment if necessary)	
effective date is listed, the date m te of filing.) If the date inserted in this block o	the date of filing:
ocument's effective date on the De CLE VI: Other provisions, if any.	tment of State's records.
•	

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.

Joann Snelson

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)

S 5.00 Certificate of Status (Optional)