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COVER LETTER

TO: New Filing Section Division of Corporations	2021/12/15 /21/0:03
SUBJECT: The Cleaning Flippers LLC Name of Limited Liability Company	2
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Milton Corzo Name of Person	
Firm/Company	
11808 Twilight Daine	er PL
RIVERVIEW FL 335 City/State and Zip Code Milton, COTZO @ OUTLOCK, CO E-mail address: (to be used for future annual report notificati	69 m
For further information concerning this matter, please call:	
MI ton Colzo at (813) 579-7 Name of Person Area Code Daytime Telephone	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIM	ITTED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	pers LLC.
The Cleaning Flip (Must contain the words "Limited Liability Comp	pers LLC. Jany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	mited Liability Company is:
Principal Office Address:	Mailing Address:
11808 Twilight Darner Pl Riverview, Fl 23569	11808 Twilight Damer Pl Riverview, Pl 33:569
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Milton Corz Name	DUTNET PL OT acceptable) Zip Tor the above stated limited liability company at the
urther agree to comply with the provisions of all statutes relating to the p im familiar with and accept the obligations of my position as registered a	roper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S
Registered Agent's S	Gignature (REQUIRED)
(CONTINU	JED)

<u>[itle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager AM 13 (2)	Vincent Corzo
	VINCENT COIZO 1/808 Tw. light Darner PL 32 Riverview, FL 33569
Use attachment if necessary)	

REOUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

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.

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)

the document's effective date on the Department of State's records.