

L21000432821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L21000432821

Office Use Only



100372675711

09/10/21--01025--015 **125.00

FILED
OCT-4 PM 4:16
TALLAHASSEE, FL

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT -4 PM 1:54

September 15, 2021

CLAUDY DIEUDONNE
840 W HOGLE AVE
DELAND, FL 32720 US

SUBJECT: STAY KLEEN, LLC
Ref. Number: W21000124876

We have received your document for STAY KLEEN, LLC and your check(s) totaling \$125.00. 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.

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 P18000017746.

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.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 521A00022287

2021 OCT -4 PM 1:16
TALLAHASSEE, FL

FILED



121 W. Plymouth Ave., Suite 8,
DeLand, FL 32720
P: 386.320.5347
F: 407.567.7878
www.FixItAccounting.com

September 29, 2021

FL Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
2021 OCT -4 PM 4:16
TALLAHASSEE, FL

RE: Stay Kleen, LLC

Ref. Number :W21000124876

The document number of the name in conflict (Stay Kleen, Inc.) is P18000017746. This corporation was 100% owned by me, and dissolved by me on 9/8/2021.

The status of Stay Kleen, Inc. is INACTIVE, not INACTIVE/UA, indicating there is no hold on the name.

Please release the name Stay Kleen, Inc. and allow new business name Stay Kleen, LLC (application attached).

Sincerely,

Claudy Dieudonne

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Stay Kleen, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudy Dieudonne

Name of Person

Stay Kleen, LLC

Firm/Company

840 West Hogle Avenue

Address

DeLand, FL 32720

City/State and Zip Code

staykleen2018@gmail.com

E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FL

2021 OCT -4 PM 4:16

3030

For further information concerning this matter, please call:

Claudy Dieudonne 386 848-5141

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stay Kleen, 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:

840 West Hogle Avenue
DeLand, FL 32720

840 West Hogle Avenue
DeLand, FL 32720

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:

Claudy Dieudonne

Name

840 West Hogle Avenue

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

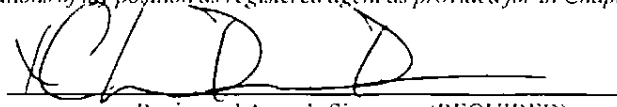
DeLand, FL 32720

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)

STATE OF FLORIDA
TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR/MGR

Claudy Dieudonne
840 West Hogle Avenue
DeLand, FL 32720

(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.

Claudy Dieudonne

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)

TALLAHASSEE,

2021 OCT -4 PM 4

FILED