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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Clean Rangers L.L.C. 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:
Charlie + Cinedra Fryson Name of Person
The Clean Rangers
P.O. Box 57
City/State and Zip Code the clean Cangers @ amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cinedra Fryson at (850) 879 - 6963 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsis \text{\$125.00 Filing Fee}\$ \text{\$Certificate of Status}\$ \text{\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$Certified Copy (additional copy is enclosed)} \text{\$Certified Copy (additional copy is enclosed)}

Mailing Address

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

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
The Clean Rangers LLC.	2072 TR -8 AM IO: 19
(Must contain the words "Limited Liability Company, "L L C.," or "L	LC.") GF STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	any is:
Principal Office Address: Mai	ling Address:
Principal Office Address: 1367 E. Lafayette St. 1367 E. La Tallahassee, FL. 32301 Tallahassee, FL. 32301 Tallahassee	fayette St. (Suite B) ef FC 32301
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	nate an individual or
The name and the Florida street address of the registered agent are:	
<u>Cinedra tryson</u>	
Florida street address (P.O. Box NOT acceptable)	(SaiteB)
Tallahassee FL 3230	<u> </u>
City State Zip	
Having been named as registered agent and to accept service of process for the above stated l	imited liability company at the

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:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
ncr manager	Charlie Fryson Jr. 15.1 East Circle Dive Gretna, again Fl. 32222
ngr <u>manager</u>	Cinedra Fryson 151 East Clark Drice 3 Gratia / Fr. 32332
	AF 10
(Use attachment if necessary)	
(If an effective date is listed, the date must be	date of filing:
This document is e I am aware that any constitutes a third of	a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, of false information submitted in a document to the Department of State 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

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)