Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000138542 3)))



H230001385423AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address:____

FLORIDA LIMITED LIABILITY CO. ECOCLEAN SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00





2023 APR 13 PH 3:

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ECOCLEAN SERVICES LLC			
(Must contain the wor	rds "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:			
Principal Office A	<u>ddress</u> :	Mailing Address:	
Principal Office A	Address:		
	Address:	Mailing Address: 8920 NW 8TH ST APT 410	

The name and the Florida street address of the registered agent are:

DIANA C. SILVA SIL	.VA	
	Name	
8920 NW 8TH ST. A	PT 410	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33172
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)



	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	DIANA C. SILVA SILVA
	8920 NW 8TH ST. APT 410
	MIAMI, FL 33172
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the da effective date is listed, the date must be sate of filing.) If the date inserted in this block does not	te of filing: 04/10/2023 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the da effective date is listed, the date must be sate of filing.) If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 days tract the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date effective date is listed, the date must be sate of filing.) If the date inserted in this block does not ocument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days tract the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date effective date is listed, the date must be sate of filing.) If the date inserted in this block does not ocument's effective date on the Department's effective date on the Departme	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the da effective date is listed, the date must be sate of filing.) If the date inserted in this block does not be be set on the Department of the Departme	specific and cannot be more than five business days prior to or 90 days tract the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date effective date is listed, the date must be sate of filing.) If the date inserted in this block does not ocument's effective date on the Department's effective date on the Departme	specific and cannot be more than five business days prior to or 90 days timeet the applicable statutory filing requirements, this date will not be left of State's records.
CLE V: Effective date, if other than the da effective date is listed, the date must be sate of filing.) If the date inserted in this block does not be be set on the Department of the Departme	specific and cannot be more than five business days prior to or 90 days timeet the applicable statutory filing requirements, this date will not be 1 at of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be sate of filing.) If the date inserted in this block does not ocument's effective date on the Department's effective date on the Departme	specific and cannot be more than five business days prior to or 90 days timeet the applicable statutory filing requirements, this date will not be left of State's records.
CLE V: Effective date, if other than the da effective date is listed, the date must be sate of filing.) If the date inserted in this block does not ocument's effective date on the Department of the Department	specific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be 1 at of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) If the date inserted in this block does not ocument's effective date on the Department ocument's effective date on the Department ocument. CLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESSES REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be lint of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) If the date inserted in this block does not ocument's effective date on the Department ocument's effective date on the Department ocument. CLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESSES REOURED SIGNATURE: Signature of a recommendation of the date of the	specific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be lint of State's records.
CLE V: Effective date, if other than the da effective date is listed, the date must be sate of filing.) If the date inserted in this block does not be cument's effective date on the Department of the CLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESSES REOURED SIGNATURE: Signature of a recovery of the company	specific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be 1 at of State's records.
effective date is listed, the date must be sate of filing.) If the date inserted in this block does not ocument's effective date on the Department ocument's effective date on the Department ocument. ICLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESSES REOURED SIGNATURE: Signature of a recommendation of the date of t	specific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be not of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESSES REOURED SIGNATURE: Signature of a range of a man of the document is executed any factories.	specific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be lint of State's records.