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.

(((H23000167691 3)))



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 : 120000000019 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. MAGIC CLEAN AUTHORITY LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	C	LIF 1	1 - 5	ia m	٠.

The name of the Limited Liability Company is:

M 7 6 1 C CLEAN AUTHORITY 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:

ORLANDO, FLORIDA 32821

11077 GRANDE PINES CIR APT 6018 ORLANDO, FLORIDA 32821

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:

KARLA VANESSA PLACERES RODRIGUEZ

Name

11077 GRANDE PINES CIR APT 6018

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

ORLANDO

FLORIDA

22921

City

State

Zin

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..

(CONTINUED)

SECRETARY OF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	KARLA VANESSA PLACERES RODRIGUEZ
	11077 GRANDE PINES CIR APT 6018
	ORLANDO:FLORIDA 32821
	· ,
	
	•
	•
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
ctive date is listed, the date must be spe f filing.)	ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ctive date is listed, the date must be speffiling.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will refer to State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be speffiling.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will refer to state's records.
EV: Effective date, if other than the date ctive date is listed, the date must be spet filling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will refer to State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be spet filling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will refer to state's records.
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. DALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a me	meet the applicable statutory filing requirements, this date will refer to State's records. The state's records.
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. DALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a me This document is execut	mber or an authorized representative of a member.
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. DALL LAWFUL BUSINESS REOUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	meet the applicable statutory filing requirements, this date will refer to State's records. The state's records.
E.V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) the date inserted in this block does not repent's effective date on the Department of E.VI: Other provisions, if any. D.ALL LAWFUL BUSINESS REOURED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) The date inserted in this block does not rement's effective date on the Department of EVI: Other provisions, if any. DALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of Statutes.