(R	equestor's Name)	
(A	.ddress)	
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PiCK-UP	WAIT	MAIL
(B	usiness Entity Name)	
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Certified Copies	Certificates of	of Status
Special Instructions to Fil	ling Officer.	
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Office Use Only



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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 069212 4301463 AUTHORIZATION : KIN COST LIMIT : \$ 125.00 ORDER DATE: October 17, 2023 ORDER TIME : 1:31 PM ORDER NO. : 069212-005 CUSTOMER NO: 4301463 DOMESTIC FILING NAME: CK1810, LLC EFFECTIVE DATE: ____ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CK1810, LL			
M)	ust conatin the words "Limited Liab	ility Company.	"L.L.C.," or "LLC.")
RTICLE II - Address ne mailing address and	: street address of the principal office	of the Limited	Liability Company is:
	Principal Office Address:		Mailing Address:
	/#Witu	161	n .
151 Dixon A		131	Dixon Avenue
Amityville, N RTICLE III - Registe the Limited Liability Countries business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Registh an active Florida registration.)	egistered Ager	Dixon Avenue tyvilie, NY 11701 nt's Signature: You must designate an individual or
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Jeffrey Krinick

(CONTINUED)

Begistered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR; AMBR	Imperial Commercial Cleaning, Inc.
	151 Dixon Ave.
	Amityville, NY 11701
	<u> </u>
	i de la companya de
	<u> </u>
	C
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da If an effective date is listed, the date must be s the date of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not the document's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	Deller
Signature of a-	nomber or an authorized representative of a member.
This document is exec	uted in accordance with section 605.0203 (1) (b), Florida Statutes.
l am aware that any fal	se information submitted in a document to the Department of State
consumtes a third degr	ee felony as provided for in s.817.155, F.S.
Jeffrey Krinick	
	Typed or printed name of signec