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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: UNCLOG IT SEWAGE & DRAINAGE L 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:
FRANKIE GERENA
Name of Person
Firm/Company
7609 LIVERPOOL BLUD
Address
7609 LIVERPOOL BLUD Address Orlando F1 32807 City/State and Zip Code
City/State and Zip Code UNCLOGITS EWAGEDRAINAGE @ GMOUL COM. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frankie Gerena at 407, 8646310 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

UNCLOGIT SEWAGE & DRAINAGE 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:
HOGY LIVERPOOL BLUD	7609 LIVERPOOLBLUD
Orlando F1 32807	Oxlando F137807

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:

Name

HON LIVERPOOL BUD.

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

Orlando FI 32807

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)

ARTICLE IV-

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

Title:	Name and Address:
MGR" = Mar "MGR" = Mar MG	
(Use attachme	nt if necessary)
TICLE V: Effective n effective date is li late of filing.) e: If the date inserted ocument's effective	date, if other than the date of filing: $0/-0/-2024$ (OPTIONAL) sted, the date must be specific and cannot be more than five business days prior to or 90 days ed in this block does not meet the applicable statutory filing requirements, this date will not be 1 e date on the Department of State's records.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)