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	(Requestor's Name)	
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Clean aight Streeters LLC 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:	
Andrea Smith	
Name of Person	
Gean Visle Sweepers LLC	
Firm/Company	
105 Cades Reef Dr. Ve Abt 101 Bldg 14 Panomarsh &	-
Florida 32407 City/State and Zip Code	
Fernanthony 1998 @ amal.com E-mail address: (to be used for future annual report notification)	j
For further information concerning this matter, please call:	
at (
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status	
Mailing Address Street Address	
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Clean Risle Cleaners 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:	
105 Cades Reef Drive Same	
Hanange City Book Fl 32407	
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 of another business entity with an active Florida registration.)	128038 100 \$208
The name and the Florida street address of the registered agent are:	in Section 1
Andrea Smith	우
105 Cades Reel Drive Apt 101 Bldd	9: 47 5:TATE
Florida street address (P.O. Box NOT acceptable)	

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)

Panama C. L. Beach Fl 32407
City State Zip

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Andrea Smith
	105 lacies Reel Drive Apt 101
	Adoly Panemo City Bear 1-1 324
AMBR	Michael Cooley
THE THE THE TENT	
	BIDOLL DUNANTO CIL BEOVIET 32
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CLE V: Effective date, if other than the d	
errective date is listed, the date must be te of filing.)	specific and cannot be more than five business days prior to or 10 d
	ot meet the applicable statutory filing requirements, this date will not b
cument's effective date on the Departme	
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CLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
~	
Bonis	
Signature of a	member or an authorized representative of a member.
Signature of a This document is exe	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a This document is exe I am aware that any fi	member or an authorized representative of a member.
Signature of a This document is exe I am aware that any fi constitutes a third de	member or an authorized representative of a member. Souted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Signature of a This document is exe I am aware that any fi	member or an authorized representative of a member. Souted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.