| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | TIAW [| MAIL |
| (Bu | rsiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Coples | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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S. CHATHAM

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SELECTION OF THE PROPERTY OF T

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COVER LETTER

| то: | New Filing Section Division of Corporations | | | |
|----------------|---|----------------------|--|---|
| SUBJI | Clean Turf & Development, I | LLC | | |
| | | oc of Limited Liabi | ity Company | • |
| The en | closed Articles of Organization and | fee(s) are submitted | I for filing. | |
| Please | return all correspondence concerning | g this matter to the | following: | |
| | Sandra Torres | | | |
| | | Name of | Person | |
| | CPA Tax Solutions, LLC | | | |
| | | Firm/Co | mpany | |
| | 500 NW 6th Street | | | |
| | | Addi | ess | |
| | Okeechobee, FL 34972 | | | |
| | sandra@cpataxsolutions.net | City/State ar | d Zip Code | |
| | | be used for future | unnual report notificat | ion) |
| For furth | er information concerning this matte | r, please call: | | |
| | Sandra Torres | 863 at (| 357-1099 | |
| | Name of Person | Area Code | Daytime Telephon | e Number |
| Enclose | ed is a check for the following amou | nt; | | |
| ■\$ 123 | 5.00 Filing Fee | atus Certifi | 5.00 Filing Fee & ed Copy al copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | | Street Address New Filing Section Di | luista |
| | New Filing Section Division of Corporations P.O. Box 6327 | | The Centre of Tallaha 2415 N. Monroe Street | issec |

Tallahassee, FL 32314

Tallahassee, FL 32303

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 11/21/2022 | • | ~ WALK I |
|---------------------|---|-----------------|
| NTITY NAME Clean | Furf & Development, LLC | |
| | | |
| OCUMENT NUMBER_ | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| (XXXX | Plain Copy | |
| | Certified Copy | |
| | Certificate of Status | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINAT | TION | |
| NUMBER OF CERTIFICA | TES REQUESTED | |
| TOTAL OWED \$125 | ACCOUNT #: I201600000 | 072 |
| | 5 8 FM | |
| DO OFT + | he above number for any issues or concerns. Thank you | on work! |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | |
|--|---|
| Clean Turf & Development, LLC | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "ELC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of | the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 652 NW 34th Street | 652 NW 34th Street |
| Okeechobee, FL 34972 | Okcechobee, FL 34972 |
| | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) | stered Agent's Signature: red Agent. You must designate an individual or |
| The name and the Florida street address of the registered agent a | re: |

Oscar Javier Ruiz

Name
652 NW 34th Street
Florida street address (P.O. Box <u>NOT</u> acceptable)

OkeechobeeFL34972CityStateZip

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 jurther 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)

DIVISION OF CORPORATION

ARTICLE IV-

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

| "AMBR" = Authorized Member "MGR" = Manager | | |
|--|--|---------------------|
| MGR | Oscar Javier Ruiz 652 NW 34th Street Okeechobee, FL 34972 | 22 NOV |
| | | 22 NOV 21 PH 1: 1.8 |
| | | <u>.</u> |
| | | 8 |
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| | | |
| (Use attachment if necessary) | | |
| TICLE V: Effective date, if other than the date an effective date is listed, the date must be spedate of filing.) tte: If the date inserted in this block does not not document's effective date on the Department TICLE VI: Other provisions, if any. | | - |
| eTICLE V: Effective date, if other than the date an effective date is listed, the date must be spendate of filing.) ote: If the date inserted in this block does not not document's effective date on the Department. | ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be of State's records. | - |
| eTICLE V: Effective date, if other than the date an effective date is listed, the date must be specified of filing.) ote: If the date inserted in this block does not not document's effective date on the Department of TICLE VI: Other provisions, if any. REOUIRED SIGNATURE: | ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be of State's records. | - |
| eTICLE V: Effective date, if other than the date an effective date is listed, the date must be specified of filing.) ote: If the date inserted in this block does not not document's effective date on the Department of TICLE VI: Other provisions, if any. REOUIRED SIGNATURE: | ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be of State's records. | - |
| CTICLE V: Effective date, if other than the date an effective date is listed, the date must be specified of filing.) ote: If the date inserted in this block does not not document's effective date on the Department effective date effective dat | ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be of State's records. | - |

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

8 5.00 Certificate of Status (Optional)