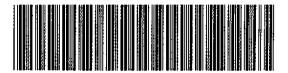
(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
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(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

•	Division of Corporations			
	SUBJECT: Lauretta's Cleaning Service L.L.C. Name of Limited Liability Company			
	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:			
	John Souders			
	Name of Person			
	Firm/Company			
	PO BOX 15534 Address			
	Sarasota FL 34277 City/State and Zip Code			
	City/State and Zip Code			
	Paula Katt @ aol.com			
	E-mail address: (to be used for future annual report notification)			
	For further information concerning this matter, please call:			
	Tohn Souders at 941 359-2234 Name of Person Area Code & Daytime Telephone Number			
	Enclosed is a check for the following amount:			
7	\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}			
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:		
Laure (Must end with the w	Has Cl vords "Limited Liabi	eaning Service lity Company, "L.L.C.," or "LLC."	ce L.L.C.
ARTICLE II - Address: The mailing address and street a	address of the pr	rincipal office of the Limit	ed Liability Company is:
Principal Office Address:		Mailing Address:	
Lauretta's Cleaning S 2901 Arche Dr. Sarasota FC 30	ervice 1232	Same	
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	erve as its own Regis distration.) address of the I	tered Agent. You must designate au	gent's Signature: In individual or another 7 10 10 10 10 10 10 10 10 10
	Hamle Florida street ad	AS COPOUN DIV dress (P.O. Box <u>NOT</u> acceptabl FL 34235 ate, and Zip	PH IZ: OI
Having been named as register liability company at the place registered agent and agree to act statutes relating to the proper accept the obligations of my	e designated in to ct in this capacity and complete per position as regi	this certificate, I hereby acc y. I further agree to comply erformance of my duties, an istered agent as provided for	ept the appointment as y with the provisions of all ad I am familiar with and
Registe	red Agent's Signa	ture (REQUIRED)	

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
President	Lauretta Foristall
	2901 Arche Dr. Sarasota FC 34232
	Sarasota FC 34232
(Line attackment :fmagagamy)	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
n effective date is listed, the date must be 90 days after the date of filing.)	e specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
Signature of a memb	er or an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation under I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the matter than a document to the Department of State matter as a provided for in s.817.155, F.S.)
- T	Ohn F. Souders

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee