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N. Culligan MAY 2 3 2011

COVER LETTER

	tion Section of Corporations		,
SUBJECT: 🎛	Blossoms Cleaning Name of Limited	Lability Company	0
		0	
The enclosed Artic	cles of Organization and fee(s) are sul	omitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	В	lossom MAE Fi	sher
	N	ame of Person	
	F	irm/Company	
	2305 Killenceen TAllahassee	ter Blud D-2	?2
		Address	
	TALLAHASSYE	, fla 32309)
	City/S	State and Zip Code	
	E-mail address: to be used for	future annual report notification)	
For forther inform	·	·	
ror turther inform	ation concerning this matter, please c	an.	
Blosson	Fisher a	at (<u>%%)</u>) <u>590 –</u> Area Code & Daytime Telep	3152 phone Number
Enclosed is a che	eck for the following amount:		
\$125.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2305 Killearn Center Blut D87 THILWHASER FIR 32309	7411Ahrssee Rla. 32809
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Blossom mae tis	her NAY
Name	7 23 PF
Florida street addr TA//Whyss-e City, State	ess (P.O. Box NOT acceptable) FL 32369
Having been named as registered agent and to a	ccept service of process for the above stated limited

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 608, F.S.

liability company at the place designated in this certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	er
" MGR"	Blosson Fisher
	2305 Killum Centr Blut. 0-87
	Tallahassee, FC 32309
"MGRM"	_ Derrich Balford
	1106 poolar Pointe
•	Collect AM , GA 30349-
" MGRM"	Glesdale Wallson
	900 Bates Dr. 10
	Tallahassee, FL 32301
(Use attachment if necessary)	
(Use attachment if necessary)	
LE V: Effective date, if other the	nan the date of filing: (OPTIONAL)
fective date is listed, the date r	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days p
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LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sections an affirmation of a law aware that any false)	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sec constitutes an affirmation of a lamp aware that any false constitutes a third degree.)	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.

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

\$125.00 Filing Fee for Articles of Organization and Designation

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