

L010000002082

NIEVES, MELON TAX &
ACCOUNTING SERVICES, INC.
439 W. VINE ST.
KISSIMMEE, FL 34741

2000

Florida Department of State
Bureau of Corporate Records
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

000003656590-1
-02/07/01--01095-008
****125.00 ****125.00

Dear sirs:

Enclosed you will find the Articles of Organization for
Florida Limited Liability Company for ALLEANSHINE L.L.C.
along with a check for 125.00 for filing, certified copy, and
registered agent designation fees.

Please send acknowledgement to:

Nieves, Melon Tax & Accounting Services, Inc.
439 W. Vine St.
Kissimmee, Florida 34741

L-1-2082

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 FEB -7 PM 3:03

FILED

L-2082

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Name of the Limited Liability Company is:

ACLEANS SHINE L.L.C.

ARTICLE II - Address:

Mailing address and street address of the principal office of the Limited Liability Company is:

3546 S. ORANGE AVE, ORLANDO FL. 32806

ARTICLE III - Duration:

Period of duration for the Limited Liability Company shall be:

THIS LIMITED LIABILITY COMPANY SHALL HAVE A PERPETUAL
EXISTENCE.

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s)
Address(es) of such manager(s) who is/are to serve as manager(s) is/are:

FILED
01 FEB - 7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Limited Liability Company is to be managed by the members and the name(s) and
Address(es) of the managing member(s) is/are:

SALVADOR PENA

3803 E. KALEY AVE
ORLANDO FL. 32812

DIONIS PENA

2503 E. CENTRAL BLVD
ORLANDO FL 32803
APT. 14

ARTICLE V - Admission of Additional Members:

Right, if given, of the members to admit additional members and the terms and conditions of the
Admissions shall be:

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____
_____ certifies:

- 1) the above named limited liability company has at least one member,
- 2) the total amount of cash contributed by the member(s) is \$ _____;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ _____.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DIONIS PENA

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

FILED
01 FEB - 7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: ACLEANSHINE "L.L.C."

2. The name and the Florida street address of the registered agent are:

DIONIS PENA
NAME

2503 E. CENTRAL BLVD.
Florida street address (P. O. Box NOT ACCEPTABLE)

ORLANDO FL 32803 APT #14
CITY, STATE AND ZIP

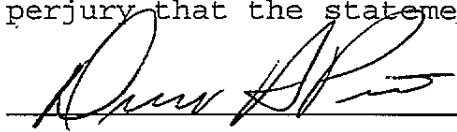
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

FILED
01 FEB - 7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, I the undersigned sign my name this 03RD
DAY of FEBRUARY, 2001. and affirm under the penalties of
perjury that the statements in these Articles are true.

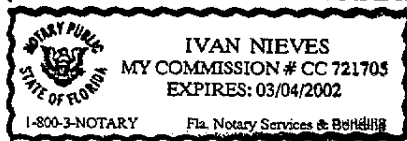


State of FLORIDA

County of ORANGE

On this date FEBRUARY 03, 2001, before me personally appeared,
DIONIS PENA to me known and
known to me to be the individual described in and who executed the
foregoing instrument, and such person duly acknowledged to me that
he understood the meaning of the instrument and that he
executed the same as his act and deed, and as a Member of the LLC
named therein, and with full authority to act on behalf of such
LLC, and that he is over the age of 18.


Notary Public-State of Florida



My commission expires:

FILED
01 FEB - 7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA