

L-0200000000634

DUSTBUSTERS / HEALTH FRESH

Commercial Cleaning Services

P.O. BOX 466 • TAVERNIER, FL 33070

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DUSTBUSTERS HEALTH FRESH CLEANING

(Corporation Name)

(Document #)

SERVICES LTD. CO

500004756105--0

2.

(Corporation Name)

(Document #)

-01707702-01064--019

***160.00 ***160.00

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN - 7 PM 1:38

CR2E031(7/97)

EFFECTIVE DATE

12/30/01

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: (Dustbusters Healthfresh Cleaning Services Ltd, Co.)
The name of the Limited Liability Company is: DUSTBUSTERS HEALTHFRESH
CLEANING LTD. Co.
SERVICES

ARTICLE II - Address:

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

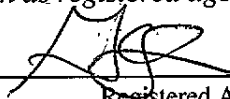
757 Michael Drive
Key Largo, FL 33037

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Gene C. Lentz
Name
5 Michael Drive
Florida street address (P.O. Box **NOT** acceptable)
Key Largo FL 33037
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 as provided for in Chapter 608, F.S.


Registered Agent's Signature

Article IV - Management (Check box if applicable.) N/A

☐ The Limited Liability Company is to be managed by one manager or more managers and, therefore, a manager - managed company.

✓ (An additional article must be added if an effective date is requested) See attached


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

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

Maria Lentz

Typed or printed name of signee

EFFECTIVE DATE
12/30/01

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Article V: Effective Date

Date requested is 12/30/01.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -7 PM 1:38