

Division of Corporations

P. 1

**L030000018629**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 674-3313  
Fax Number : (305) 674-3359

**LIMITED LIABILITY COMPANY**

**Dream Clean, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED  
03 MAY 23 AM 9:45  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

J. BRYAN MAY 23 2003

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

FILED  
2003 MAY 23 AM 10:44  
SUNSHINE CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I: NAME**

The name of the Limited Liability Company is: Dream Clean, LLC

**ARTICLE II: Address**

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

974 Leeward Place Suite 206  
Altamonte Springs, FLORIDA 32714

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

Amanda Cook  
974 Leeward Place Suite 206  
Altamonte Springs, FLORIDA 32714

Having been named as registered agent 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.



Amanda Cook/ Registered Agent's Signature

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by members and is, therefore, Member Managed Company.

**ARTICLE V: MEMBERS (optional)**

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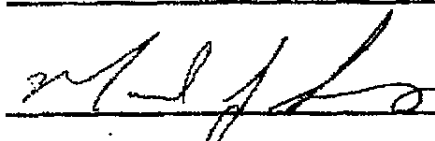
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Member:  
Amanda Cook  
974 Leeward Place #206  
Altamonte Springs , Florida 32714

Member:  
Manuel Sarnes  
974 Leeward Place #206  
Altamonte Springs , Florida 32714

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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.)

Amanda Cook

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