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A COMPANY

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRECISE Clear (Name of Li	WING SERVICE 46C. mited Liability Company)
•	, ,,
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
MARIA B. TAGIA. (Name of Person)	<u>e15</u>
PRECISE CLEANING: (Firm/Company)	SERVICE LLC
P.O. Box 1327 (Address)	
LANARKVIIIAGE, FI. (City/State and Zip Code)	<i>32323</i>
For further information approximation watter place	e call
For further information concerning this matter, please Maria B Jaglaria (Name of Person)	
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	IICL.	ΕI	- N	am	e:
The	name	of	the	Lin	ni

ted Liability Company is:

Precise Cleaning Service L.L.C. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

LANARKVIIIAGE FL 32323

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..

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR.M	MARIA B. TAGIARIS P.O. BOX 1327 LANARKVILLAGE, FT. 32323
MGR-M.	TONY TAGIARIS
MGRM.,	LANARK VILLAGE, F1. 32323 LATOSSA TRUMBULL 10:83 DANACEA. F1. 32324

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

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)