

L04 0000 23186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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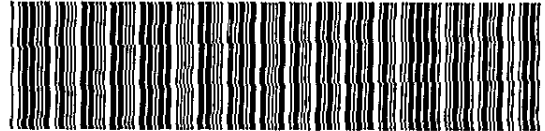
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301
Securities

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David Robinson Cleaning Service, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Robinson
(Name of Person)

David Robinson Cleaning Service, LLC.
(Firm/Company)

609 N.W. 19th Terrace
(Address)

Cape Coral, FL 33993
(City/State and Zip Code)

For further information concerning this matter, please call:

David Robinson at (239) 772-2333
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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CLERK OF COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

David Robinson Cleaning Service, LLC

ARTICLE II - Address:

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

Principal Office Address:

609 NW 19th Terrace

Cape Coral, FL 33993

Mailing Address:

609 NW 19th Terrace

Cape Coral, FL 33993

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

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

David Robinson

Name

609 NW 19th Terrace

Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33993

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

3-15-04

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PALM BEACH FLORIDA

(CONTINUED)

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

"MGRM" = Managing Member

David Robinson

609 NW 19th Terrace

Cape Coral, FL 33993

manager

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

David Robinson

(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.)

David Robinson

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)