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## TRANSMITTAL LETTER

Division of Co	rporations
SUBJECT:	Cleaning by Tiffany Aden, LLC (Name of Limited Liebility Company)
The enclosed Articles of	f Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
•	Tiffany L. Aden
<del></del> -	Cleaning by Tiffany Aden, LLC
290	5 Shalimar Lane
<u></u>	Shalimar FL 32579 (City/State and Zip Code)
For further information	concerning this matter, please call:
Tiffany 1	Aden at (850) 609-0075
() amo	of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section

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



ARTICLE I - Name:



The name of the Limited Liability Company is:	
Cleaning by Tiffany Ao	len, LLC
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2905 Shalimar Lane	2905 Shalimar Lane
Shallmar, FL 32579	Shalimar, FL 32579

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> Tiffany L. Aden 2905 Shalimar Lane
> Florida street address (P.O. Box NOT acceptable)

Shalimar, FL FLORIDA 32579
City, State, and Zin

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each	Managing Member(s): Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"mgr"	Tiffany L. Aden 2905 Shalimar Lane Shalimar, FL 32579
<del></del>	
(Use attachment if necessary)	
NOTE: An additional article REQUIRED SIGNATURE:	must be added if an effective date is requested.
- Quin	er or an authorized representative of a member.
(In accordance with see of this document constant the facts stated he	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
<u>Tiff</u>	rped 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)