

L04000043293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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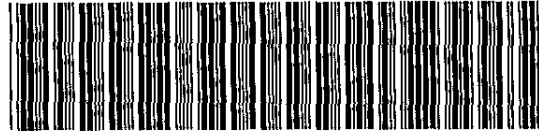
(Business Entity Name)

(Document Number)

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04 JUN -9 AM 11:15

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 JUN -9 AM 11:08

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J. BRYAN JUN - 9 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST Class Cleaners 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:

Louise McDonald
(Name of Person)

FIRST Class Cleaners
(Firm/Company)

216 Mark Charles DR
(Address)

Tall., FL. 32310
(City/State and Zip Code)

For further information concerning this matter, please call:

Louise McDonald at 850 350-0965
(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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TALLAHASSEE, FLORIDA
04 JUN -9 AM 11:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Class Cleaners LLC

ARTICLE II - Address:

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

Principal Office Address:

216 mark Charles DR.
Tall. FL 32310

Mailing Address:

216 MARK Charles Dr.
Tall. FL 32310

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

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

Louise McDonald
Name

216 mark Charles DR.
Florida street address (P.O. Box **NOT** acceptable)

Tall, FL 32310
City, State, and Zip

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TALLAHASSEE
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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..

Louise McDonald
Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Louise McDonald
216 Mark Charles Dr.
Tall., FL 32310

MGRM

Tanya MacKendrick
8456 Lake Atkinson Dr.
Tall., FL 32310

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Louise McDonald
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.)

LOUISE McDONALD
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)

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