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(Requestor's Name) (Address)	SECRETAR TALLAHAS:	Y OF STATE SEE. FLORIDA	0452	1465	9
(Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name)	MAIL		01/24/0501	1078021	**125.00
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Mike Lowe, CPA 25917 Aysen Drive Punta Gorda, FL 33983 941-456-1172 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Registration Section Division of Corporations P O Box 6327 Tallahassee, FL 32314 850-245-6051

January 21, 2005

Enclosed is my check in the amount of \$125.00 for the filing fee for Housemaids, LLC. Please process soon as possible. Please fax correspondence to 941-426-4121 or email to mclowe3@comcast.net. Any questions, give me a call at above number.

Sincerely,

Mike Lowe, CPA

ARTICLES OF ORGANIZATION

OF

Housemaids, LLC

FILED

ARTICLE 1 - NAME

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The name of the Limited Liability Company is Housemaids, LLC, (hereanatics Abstract LORIDA Liability Company").

ARTICLE 2 - ADDRESS

The street address of the principal office of this Limited Liability Company shall be: 708 Tamiami Trail, SUnit 303, Venice, FL 34285

ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT

The name and street address of the registered agent of this Limited Liability Company is:

Brian O'Neill, 708 Tamiami Trail SUnit 303, Venice, FL 34285

ARTICLE 4 - MEMBERS

The initial members of this Limited Liability Company are: 708 Tamiami Trail, Unit 303 Svenice, FL 34285

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF ORGANIZATION

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.

By: Mesler Brian O'Neill, Registered Agent

By: Mesler Brian O'Neill, Organizing Member

State of Florida County of Charlotte	
The foregoing instrument was acknowledged before me this 20 o	
Personally Known OR Produced Identification X Type of Identification Produced Orivers License	Michael D. Lowe Commission # DD279709 Expires January 7, 2008 Bonded Troy Fein Insurance, Inc. 800-385-7019
Michael D dome Notary Signature	Solder Try Pall Fillstance, IX. 800-380-70[9]