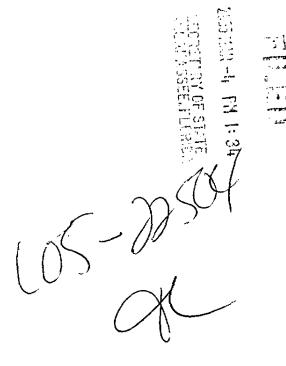


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





03/04/05--01056--005 **155.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sure 2 Shine (Name of Limited)	Leaning Services, LLC Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Marilyn W	me of Person)		
Sure 2 Shive C	Eaning Services, LLC		
	treet # 21103 (Address)		
Pembroke Pines, # 33024 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Marilyn Wiagins at (Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
Certificate of Status	\$155.00 Filing Fee & Certificate Of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314		
Lananassee, Profita 32377	Tallallassoc, Florida SESTA TIPE W		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICIES OF ORGANIZATION FOR FEO	ADA ENVITED LAADIERT	COMAN
ARTICLE I - Name: The name of the Limited Liability Company is:		
Sure 2 Shive Clea	wing Services,	UC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
7901 NW 3Rd St. #21103 Pembroke Pines, Il 38024		
ARTICLE III - Registered Agent, Registered C	Office, & Registered Agent's Sig	nature:
The name and the Florida street address of the reg	<u> </u>	
Florida street address Florida street address City, State, and	ss (P.O. Box <u>NOT</u> acceptable) FL 330るリ	
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as registe	s certificate, I hereby accept the ap I further agree to comply with the ormance of my duties, and I am fan	pointment as provisions of all niliar with and
Registered Agent's Si	N. Wins	TALLAHASSE
(CONTINUE	E D)	PH T

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Name and Address: MGR" = Manager MGRM" = Managing Member MGR-2. Aniammie Collius 1895 Venice Lark De#30 Avalumanu 11 33181

(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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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