

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247
Phone : (800)494-3124

Fax Number

(305)675-2811

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01VISION OF CORPORATION

LIMITED LIABILITY COMPANY

ALL PRO JANITORIAL SERVICES, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ALL PRO JANITORIAL SERVICES, LLC

ARTICLE II ADDRESS

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

100 SEABREEZE BLVD APT 514 DAYTONA BEACH, FL 32118-4052

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

KATHRYN GRAVES 100 SEABREEZE BLVD APT 514 DAYTONA BEACH, FL 32118-4052

Having been named as registered agent 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.

KATHRYN GRAVES / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

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ARTICLE V MEMBERS (optional)

MANAGING MEMBER: KATHRYN GRAVES 100 SEABREEZE BLVD APT 514 DAYTONA BEACH, FL 32118-4052

MANAGING MEMBER: CRAIG WOLFE 100 SEABREEZE BLVD APT 514 DAYTONA BEACH, FL 32118-4052

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.

KATHRYN GRAVES
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FI ABID.

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