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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Elegant Cleaning Service, 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: Crystal Holmes (Name of Person) Elegant Cleaning Service, LLC (Firm/Company) P. O. Box 6272 (Address) Tallahassee, FL 32314-6272 (City/State and Zip Code) For further information concerning this matter, please call: Crystal Holmes (Name of Person) (Area Code & Daytime Telephone Number) ڢ Enclosed is a check for the following amount: ☐ \$160.00 Filing Fee, ☐ \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Elegant Cleaning Service, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1417 Nancy Drive Tallahassee, FL 32301-6722	P. O. Box 6272 Tallahassee, FL 32314-6272
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
The name and the Florida street address of the re	
Crystal Holmes Name Name	
1417 Nancy Drive	——————————————————————————————————————
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Tallahassee, City, State, an	FL 32301-6722 nd Zip
77 * 7 . 7	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Manager Crystal Holmes 1417 Nancy Drive Tallahassee, FL 32301-6722 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Crystal Holmes 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)

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