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(F	Requestor's Name)	
(A	Address)	
(A	Address)	<u> </u>
(0	ity/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(É	Business Entity Nam	ne)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
409 E. Gaines Street
P.O. Box 6327
Tallahassee, FL 32399

SUBJECT: A+ Quality Maid Service, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. MARK FISHER

(Name of Person)

LAW OFFICE OF J. MARK FISHER- ATTN: SANDY

(Firm/Company)

148 Miracle Strip Pkwy, SE, Suite 2

(Address)

Ft. Walton Beach, FL 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

J. MARK FISHER at (850) 244-8989

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A+ Quality Maid Service, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5256 Tivoli Drive

Miramar Beach, FL 32550

5256 Tivoli Drive

Miramar Beach, FL 32550

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

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

Name: <u>RALPH J. LOSEY, JR.</u> Address: <u>5256 Tivoli Drive</u>

> Miramar Beach, FL 32550 (P.O. Box NOT acceptable)

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

(CONTINUED)

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>MGR</u>	RALPH J. LOSEY, JR.
	5256 Tivoli Drive
	Miramar Beach, FL 32550
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or an author	<i>(</i> .
Signature of a member or an author	ized representative of a member.
(In accordance with section 608.408(3), Florida S constitutes an affirmation under the penalties of penalties	erjury that the facts stated herein are true.) OSEY, JR.
	name of signee
STATE OF FLORIDA COUNTY OF OKALOOSA	SECULATION EST
The foregoing instrument was acknowledged by RALPH J. LOSEY, JR., who is personally known as identification and who did not take an oath. J. MARK	
	Fees: J Mark Fisher
\$100.00 Filing Fee for Articles of Organizat	My Commission DD158800 Expires November 20, 2006

\$ 25.00 Designation of Registered Agent

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