# L06000018790

(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETATE STATE

## TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MAIDS TO GO LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[ ]\$125.00

Filing fee & Designation of Registered Agent

[X]\$130.00

Filling Fee, Designation of Registered Agent, & Certificate of Status []\$160.00

Filing Fee, Designation of Registered Agent, Certified Copy, & Certificate of Status

Please return all correspondence concerning this matter to the following:

ROSA MARRERO 1113 DUNBROOKE ST. WINTER GARDEN FL 34787

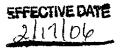
For Further information concerning this matter, please call: ROSA MARRERO at 407-905-9384.

#### Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

#### Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



### ARTICLES OF ORGANIZATION

OF

#### MAIDS TO GO LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

## ARTICLE I - NAME

The name of the Limited Liability Company is: MAIDS TO GO LLC

# ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 1113 Dunbrooke ST. Winter Garden, FL 34787.

# ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

**ADDRESS** 

ROSA MARRERO

1113 DUNBROOKE ST. WINTER GARDEN FL 34787

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.

ROSA MARRERO

## ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

ROSA MARRERO

1113 DUNBROOKE ST.

WINTER GARDEN FL 34787

MGRM

MARICELLY TORRES
1113 DUNBROOKE ST.

WINTER GARDEN, FL 34787

## ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be February 17, 2006.

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.)

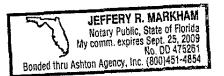
ROSA MARRERO

Printed name of signee

ROSA MARRERO

STATE OF FLORIDA )
COUNTY OF SEMINOLE )

The foregoing instrument was acknowledged before me this // day of Febrogo, , 2006, by ROSA MARRERO, who is personally known to me or who has produced driver's license as identification and who did take an oath.



Notary Public, State of Florida At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

ROSA MARRERO

ATE: FPBILLOWS

FILED AM 9: 54