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Division of Corporations

Florida Department of State Division of Corporations m Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H06000079411 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : A 1 A CORPORATE SERVICES, INC. Account Number : I20010000247 : (800)494-3124 Phone Fax Number : (305) 675-2811 JIVISION OF CORPORATION ဂ္ခာ 06 MAR 24 AM 7: 51 FLORIDA/FOREIGN LIMITED LIABILITY CO.S

ALL-PHASE CLEANING, LLC

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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-PHASE CLEANING, LLC

ARTICLE II ADDRESS

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

21304 DOYLE WILLIAMS RD

SANDERSON, FL 32087-2957

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT

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

KATHRYN EVANS 21304 DOYLE WILLIAMS RD SANDERSON, FL 32087-2957

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 EVANS / Registered Agent's Signature. i a can chui an ta nagi in t 1 C | I. . .

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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PAGE 2 ALL-PHASE CLEANING, LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER: KATHRYN EVANS 21304 DOYLE WILLIAMS RD SANDERSON, FL 32087-2957

MANAGING MEMBER: LACI CONTI 21304 DOYLE WILLIAMS RD SANDERSON, FL 32087-2957

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 EVANS Typed or printed name of signee

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