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•	
(Requestor's Name)	
(Address)	—
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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SECRETARY OF STATE

N 3: 28

UEFATTATE VISIUM OF CORPORATIONS TALLAMASSES, FLORIDA

RECEIVED



REFERENCE : 215436

TILL PARTSEE, TALLER AND SECRETARY OF ST. 28

AUTHORIZATION:

COST LIMIT :

ORDER DATE: June 29, 2006

ORDER TIME : 12:30 PM

ORDER NO. : 215436-005

CUSTOMER NO: 7512108

DOMESTIC FILING

PLATINUM MAINTENANCE SERVICES

OF FLORIDA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pollye Janisse - EXT. 2954

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
he name of the Limited Liability Company is:
Must end with the words "Limited Liability Company." "Limited Company" or their abbreviation "LLC," or "L.C.,")
Must end with the words "Limited Limited Company" of their abbreviation "LLE, or "tC.,)
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
333 LAS OLAS WAY
Suite 2502
POFT LACTURET VALLE
RTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are:
Corporation Service Company
Name Age of the state of the st
1201 Hays Street Florida street uddress (P.O. Box NOT accontable)
Florida street address (P.O. Box NOT acceptable)
Tallahassee F1 32301
City, State, and Zip

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.

Corporation Service Company

Registored Agent's Signature (REQUIRED)

Lynette Coleman

as its agent

(CONTINUED) Page 1 of 2

<u> </u>	ager anaging Member	Name and Address:
m6-R		JAMES C. HAIPIN Suite.
MGRM		Selim Rusi 177 Benedict Rd STATEN ISLAND VY. 10304
	 -	
(Use attachmen		
	e date, if other than the	c date of filing:
LE V: Effective ffective date is days after the	listed, the date must leader of filing.)	oc spoone and amount to more than two desires days pr
ffective date is	signATURE:	ber or an authorized representative of a member.

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)