1060000 73534

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Busin ess Entity Nan	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	-
	104
ie	7/25/
Office Use On	MIS



900077847489

07/24/06--01018--022 **125.00

SECHÉLIOZ CE STATE FALLONION EL PLORIDA

JUL 24 PM 3:

TRANSMITTAL LETTER

To:

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

SUBJECT: LORETTA WALSH CLEANING SERVICE, LLC

The enclosed Articles of Organization and check for \$125.00 are submitted for filing. Please return all correspondence concerning this matter to the following:

> East Washington Accounting Services, Inc. 975 E. Washington Avenue Pierson, FL 32180

For further information concerning this matter, please call:

N. Jane Medick, E.A. at (904) 501-0929

ARTICLES OF ORGANIZATION OF LORETTA WALSH CLEANING SERVICE, LLC

ARTICLE I: NAME

The name of the Limited Liability Company is:

LORETTA WALSH CLEANING SERVICE, LLC

ARTICLE II: ADDRESS

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

945 Oak Ridge Road, St. Augustine, FL 32086

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

Loretta Walsh 945 Oak Ridge Road St. Augustine, FL 32086

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, Florida Statutes.

LORETTA WALSH

ARTICLE IV: MANAGER OR MANAGING MEMBER

The names and addresses of each Managing Member and Member are as follows:

MGRM

Loretta Walsh 945 Oak Ridge Road St. Augustine, FL 32086 100%

REQUIRED SIGNATURE:

LORETTA WALSH, Manager

6/13/06

DATE

(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.)

Loretta Walsh
Name of signee

06 JUL 24 PM 3: 10