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(Re	questor's Name)	<u> </u>	
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COVER LETTER

TO: Registration Section Division of Corporations		•	
SUBJECT: 2/Best Clear (Name of Limited)	Servi d Liability Company)	ce - LLC	
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Valisa D. A.	Onner Name of Person)		
2/Best Clean	ng Servic	SEC TALL	
5851 Williams	Pirm/Company)	IT I I I I I I I I I I I I I I I I I I	
	(Address)	mo R	
Tallahassee, Fl	32311 State and Zip Code)	TORIDA	
For further information concerning this matter, please call: JOHNE A. CONNE at (850) 284 - 0681 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street/Courier Address		

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
2 Best Cleanins (Must end with the words "Limited Liability Company, "Limited	Service LLC Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Valisa V.A. Conner 5051 Williams Road Tallahassee FL 32311	Valisa V. A. Conner 5851 Williams Road Tallahassee, FL 32811
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Vansa Co Name 5851 Williams Florida street address	ROAD STATE OF STATE O

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 (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGN gnature 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.) Typed or printed name of signee 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)