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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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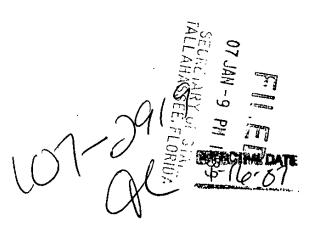


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DEPARTMENT OF STATE
INISION OF CORPORATIONS
TALLAHASSES, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MCCLOUD CLEANING	£ L.L.C.
(Name of Limited Liabi	lity Company)
The enclosed Articles of Organization and fee(s) are submittee	ed for filing.
Please return all correspondence concerning this matter to the	e following:
CLAUDIUS MUNDO	f Person)
(Name of	f Person)
McCLOUD CLEANING	e L.L.C.
	лірану)
P.O. Box 20374	lress)
`	,
TALLAHASSEE, FL 3: (City/State ar	2316-0374 nd Zip Code)
For further information concerning this matter, please call:	
CLAUDIUS MUNDOMA at (1	(Area Code & Daytime Telephone Number)
	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address 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 Com	pany is:	
McClord Cleaning (Mustend with the words "Limited Liability Compa	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
813 JETTY AVE.	P.O Box 20374	
QUINCY, FL 32351	P.O Box 20374 Tallahassee, FL 32316-0374 FLORIM	
FLORIDA	LORIDA	
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another of the registered agent are: Name	
0.15	_	
813 JETTY	street address (P.O. Box NOT acceptable)	
QUINCY Cit	FL 32351 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608 F.S.	
Registered Agent's Signature (REQUIRED)		

(CONTINUED) Page1 of 2

T-16-07

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	CLAUDIUS MUNDOMA 813 JETTY AVE QUINCY, FL32351
	4

ARTICLE V: Effective date, if other than the date of filing: TRN 16th 200 7. (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 SIGNATURE:

(Use attachment if necessary)

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.)

CLAUDIUS MUNDOMA

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)

Page 2 of 2