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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER,

TO:	Registration Se Division of Co					
SUBJE	c _{CT:} Maria's	s Commercial Clea	ning,	LLC		
70202		(Name of Limited			any)	
The en	closed Articles of	f Organization and fee(s) are so	ubmitte	i for filin	g.	
Please	return all corresp	ondence concerning this matte	er to the	following	3:	
	Maria A. (C. Watt				
			Name of	Person)		
	Maria's Co	ommercial Cleanir	ng, L	LC		
		((Firm/Co	mpany)		
	5273 Wa	shington Rd.				
			(Addr	ess)		
	Delray B	each, FL 33484				
	<u> </u>	(City)	/State an	d Zip Code	e)	_
For fur	ther information	concerning this matter, please	call:			
Mari	a A. C. Wa	att	at (50	61	496452	23
	(Name	of Person)	-		le & Daytime	Telephone Number)
Enclos	ed is a check fo	or the following amount:				·
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	fied Cop	iling Fee & y is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton E 2661 Exc	ourier Addresion Section of Corporation Building ecutive Centersee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	s:
Maria's Commercial Cleaning, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company,"	ited 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:
5273 Washington Rd.	5273 Washington Rd.
Delray Beach, FL 33484	Delray Beach, FL 33484
100 Page 100	·
business entity with an active Florida registration.) The name and the Florida street address of the Maria A. C. Watt Name	
5273 Washington Rd.	·
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Delray Beach	_{FL} , 33484
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	ature (REQUIRED) TAKE

(CONTINUED) Page 1 of 2

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

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

A. C. Watt Vashington Rd. Vashington FL 33484
ng: (OPTIONAL) and cannot be more than five business days price
Jatt
orized representative of a member.
B(3), Florida Statutes, the execution rmation under the penalties of perjury e.)
U

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)

2007 MAR 23 PH 2: 46
SECRETARY OF STATE