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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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FILED 7 HAY 17 PH 12: 21 BEGAHASSEE, FLORID

COVER LETTER

TO: Registration Se Division of Co			
зивыест: <u>Тет</u> е	Name of Limite	ameing Cleaning of Liability Company)	LLC
· The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Ten	neka Ayes	(Name of Person)	
_ Temek	Ayers Flameing	Ckaning (Firm/Company)	TAREC
3320 Ar	1	Chec Lane	AHASSE AHASSE
Tallahassee	15 weda 32364	//State and Zip Code)	PH 12: 2
For further information	concerning this matter, please	•	, , , , , , , , , , , , , , , , , , ,
Temeka Ay	erson)	at (1650) 402-98 (Area Code & Daytime	
Enclosed is a check for	or the following amount:		
ρ \$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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Tene KA Ayers Frameire E (Must end with the words Limited Liability Company, "Li	imited Company or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
·	
Principal Office Address:	Mailing Address:
1233 the hane	,
Tallahassee, Florida	
<u>408</u> 66	
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	
Temeka Ayers	ame ASS
Na Na	ame
1233 Chee Lanc	· FF 2 T
Florida street	t address (P.O. Box NOT acceptable)
Trellahussee, Floeidu	FL Jobq ==
City, Sta	ate, and Zip
liability company at the place designated	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of

d 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: Name and Address: "MGR" = Manager "MGRM" = Managing Member Florida 32304 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: May 10,2007 (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:** 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.) 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)