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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

Account Number : 104662003400 : (516)935-3940 Phone Fax Number

: (516)935-3088

ORIDA/FOREIGN LIMITED LIABILITY CO.

Absolute #1 Cleaning Services LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Compa	nyis: Absolute #1 Cleaning Services LLC		
ARTICLE II - Address The mailing address and street address of	fthe principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3062 Park Lane, Suite A	3062 Park Lane, Suite A		
Dunedin, FL 34698	Dunedin, FL 34698		
			
ARTICLE III - Registered Ager The name and Florida street address of the	nt, Registered Office & Registered Agent's Signature the registered agent are:	2007 NOV SECRETA	
	Antoinette Mazzeo	NOV -5 AM CRETARY OF AHASSEE, F	-
	Name	Y OF	m
_	3062 Park Lane, Suite A	A 8: FLO	£
	(P.O. Box or Mail Drop Box NOT Acceptable)	98.50 15.50	

Having been named as registered agent and to accept service of process for the above stated limited liability company it the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this apacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance if 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.

(City / State / Zip)

Dunedin, FL 34698

Registered Agent's Signature - Autoinette Mazzeo

11/05/2007	10:31:36	AM	-0500	POWERED	ВЧ	ORCAFAX
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ARTICLE IV - Man The name and address o	H070 Hager(s) or Managing Member(s): If each Manager or Managing Member is as follows:	000271845	5
Title: "MGR" = Manager "MGRM" = Managing M	Name and Address: Member		
MGRM	Antoinette Mazzeo - 3062 Park Lane, Suite A, Dunedin, FL 34698	3	
MGRM	Steven Boggio - 3124 South Canal Drive, Palm Harbor, FL 34684	· .	
(Use attachment if necessary REQUIRED SIGNAT			
	Signature of a member or authorized depresentative of a member.		
à	In accordance with section 608.408(3), Florida Statutes, the execution of this ocument constitutes an affirmation under the penalties of perjury that the facts tated herein are true.)	2007 NOV -5 SECRETARY O	E-12 CHILD
_	Antomette Mazzeo		
	Typed or printed name of signee	M 8: 50 F STATE FLORIDA	