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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filips Officer					
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SECRETARY OF STATE
TALLAHASSEF, FLORI

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EXAMINER

COVER LETTER

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SUBJE	ст:	00	ENTERPR	ises	CLEANIV	14 SEKVICES	
			Name of Limited	Liability C	ompany)	•	
The end	closed Articles of	Organization	and fee(s) are sub	omitted for	filing.		
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For fur	ther information (concerning th	is matter, please ca	aii:		2000 HAR -6 AM II: 44 SECRETARY OF STATE FLORID Telephone Number) Telephone Number)	Substanti maranta e
	Damian	HUA	LUE a	t(S61	, 640	7064 Telephone Number)	3 !****
_	Name	of Person)		(Area	Code & Daytime	7 064 SEE FLORID	
Enclos	ed is a check fo	r the follow	ino amount:			: \ TATE DRID	
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L.J.	oo riing ree		c of Status	Certified		Certificate of Status &	
				(additiona	l copy is enclosed)	Certified Copy (additional copy is enclosed)	
		Mailing A Registratio			et/Courier Address stration Section	35	
			Corporations	Divi	sion of Corporati on Building	OIIS	
			e, FL 32314	266	Executive Center Shassee, FL 3230		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ENTERPRISES CLEANING SERVICES A
(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
SUOI MONTH HAVERHILL KOAD	
UNIT 103	WEST YALM BEACH
WEST FALM BEACH FL 33407	<u>FL 33407</u>
business entity with an active Florida registration.) The name and the Florida street address (of the registered agent are:
DAMIAN	HURGE TOS
	HYRUE 10F STATE 1
	WAA
<u> </u>	_ Wrig
	street address (P.O. Box <u>NOT</u> acceptable)
Florida s	

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.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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:
-MGRM	DAMIAN HURGE IIIS 11th WAY WEST PALM BENEH PL 33407
	JAVID GAYLE WEST YALM BEACH FL 33407
(Use attachment if necessary)	
FICLE V: Effective date, if other than the in effective date is listed, the date must be 90 days after the date of filing.)	e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	OF STATE E.FLORIDA
Signature of a membe	er of an authorized representative of a member.
	ction 608.408(3), Fiorida Statutes, the execution itutes an affirmation under the penalties of perjury series are true.)
DAMIAN	HYRGE
Ту	ped or printed name of signee
Filian Francis	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)