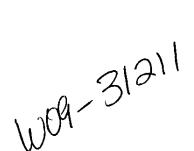
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	(Requestor's Name)
	(Address)
	(Address)
Pick-L	(City/State/Zip/Phone #) UP
	(Business Entity Name) (Document Number)
Certified Copies	Certificates of Status <u></u>
Special Instruction	ns to Filing Officer:
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M. THOMAS
SEP 3 2009
EXAMINER

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT:	FFB JANIT	ORIAL SERVICES,	LLC
	Name of Limit	ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corn	respondence concerning this mat	ter to the following:	
	FABIO	FEITOSA BASILIO	
		Name of Person	د
	FFB JANIT	ORIAL SERVICES, LLC	TANKE SECTION
		Firm/Company	温や「
	11861	SUNCHASE CT.	PSSE 2
		Address	
			STEL OF
		RATON, FL 33498	<u> </u>
	Cit	ty/State and Zip Code	y
	E-mail address: (to be used	for future annual report notificatio	n)
For further informati	on concerning this matter, please	e call:	
FABIO F	FEITOSA BASILIO	at (954)	725-4179
Name of Person		Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount:		
∑ \$125.00 Filing Fe	e \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy 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	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle



July 7, 2009

FABIO FEITOSA BASILIO 11861 SUNCHASE CT. BOCA RATON, FL 33498

SUBJECT: FFB JANITORIAL SERVICES LLC

Ref. Number: W09000031211

We have received your document for FFB JANITORIAL SERVICES LLC your check(s) totaling \$125.00. However, the enclosed document has not being filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 109A00023166

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
FFB JANITORIAL S	
(Must end with the words "Limited Liab	ility Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
FFB JANITORIAL SERVICES, LLC 11861 SUNCHASE CT. BOCA RATON, FL 33498	FFB JANITORIAL SERVICES, LLC 11861 SUNCHASE CT. BOCA RATON, FL 33498
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or some
IMPERIAL CLEANIN	IG CORPORATION
Name	
15476 NW 77	TH CT. #336
Florida street address (P.C	D. Box NOT acceptable)
MIAMI LAKES	FL 33016 and Zip
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	FABIO FEITOSA BASILIO
	11861 SUNCHASE CT.
	BOCA RATON, FL 33498
	DV2A14A (V)3, 1.1. 4074A
	-
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	75
	32 3
(Use attachment if necessary)	D.
ARTICLE V: Effective date, if other than the da	ate of filing: N/A . (OPTIONAL)
	pecific and cannot be more than five business days prior
to or 90 days after the date of filing.)	\mathcal{L}
	TIRI.
REQUIRED SIGNATURE: \ /	
	-(M) (M)
Signature of a member of	r an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution
of this document constitue that the facts stated herein	tes an affirmation under the penalties of perjury
	O FEITOSA BASILIO d or printed name of signee
Filing Fees:	or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)