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| (Re                     | questor's Name)   |      |
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| (Cit                    | y/State/Zip/Phone | e #) |
| PICK-UP                 | ☐ WAIT            | MAIL |
| (Bu                     | siness Entity Nan | ne)  |
| (Do                     | cument Number)    |      |
| Certified Copies        | ·                 |      |
| Special Instructions to | Filing Officer:   |      |
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O9 SEP 21 PH 2: 15
SECRETARY OF STATE
VALLAHASSEE, FLORIDA

J. BRYAN

SEP 2 2 2009

**EXAMINER** 

## **COVER LETTER**

| TO: Registratio<br>Division of | n Section<br>Corporations   |   |  |                  |        |
|--------------------------------|---|---|--|------------------|--------|
| SUBJECT:                       | FEBRU   | JS CLEANING, LLC  | `,   |                  |        |
|                                |   | d Liability Company   |  |                  | -      |
| The enclosed Article           | s of Organization and fee(s) are s  | ubmitted for filing.  |  |                  |        |
| Please return all corr         | espondence concerning this matte  | er to the following:  |  |                  |        |
| <del> </del>                   | Lı  | ris Fors, Esq.  |  |                  |        |
|                                |   | Name of Person  |  |                  |        |
|                                |   | Attorney  |  | 50_              | 0      |
|                                | Firm/Company  |   | ECRI   | 9 SE             |        |
| <del></del>                    | 11890 SW 8th Street, PH6  |   |  | TAR              | P 2    |
|                                |   | Address   |  | 133.<br>10.      | 면      |
|                                |   | ami, FL 33184   |  | FLOW             | PH 2:  |
|                                | •   | /State and Zip Code<br>w@bellsouth.net  |  | RIDA             | S      |
| <del></del>                    | E-mail address; (to be used to  | or future annual report notification  | 1)   |                  |        |
| For further information        | on concerning this matter, please   | call:   |  |                  |        |
|                                | Luis Fors '   | at ( ' 305 ' )  Area Code & Daytime T   | 559-1948   |                  |        |
| Enclosed is a check            | for the following amount:   |   |  |                  |        |
| _                              | 2 []\$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 F<br>Certificat<br>Certified<br>(additional | e of Sta<br>Copy | itus & |
|                                | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addre<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Cente<br>Tallahassee, FL 3230 | ons<br>er Circle                                     |                  |        |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| F6   | ebruus Cleaning, LLC   |  |
|--|--|--|
| (Must end with the   | words "Limited Liability Company," "L.L.C.," or "LLC.  | ·*)  |
| ARTICLE II - Address:  |  |  |
| The mailing address and street   | address of the principal office of the Limit   | ed Liability Company is:                                 |
| Principal Office Address:  | <b>Mailing Address:</b>  |  |
| 8765 SW 76 Terrace   | 8765 SW 76 Terrace   |  |
| Miami, FL 33173  | Miami, FL 33173  |  |
| ARTICLE III - Registered As  |  | ent's Signature:   |
| (The Limited Liability Company cannot s<br>business entity with an active Florida rep                              | gent, Registered Office, & Registered Agerce as its own Registered Agent. You must designate agistration.)   | n individual or another                                  |
| (The Limited Liability Company cannot s<br>business entity with an active Florida rep                              | gent, Registered Office, & Registered Agent. You must designate angistration.) t address of the registered agent are:  | gent's Signature: In individual or another  SECR SE      |
| (The Limited Liability Company cannot s<br>business entity with an active Florida rep                              | gent, Registered Office, & Registered Agerce as its own Registered Agent. You must designate agistration.)   | n individual or another                                  |
| (The Limited Liability Company cannot s<br>business entity with an active Florida rep                              | gent, Registered Office, & Registered Agerry as its own Registered Agent. You must designate an gistration.)  t address of the registered agent are:  Yauska Jarquin  Name | n individual or another  09 SEP 21  SECRETARY TALLAHASSE |
| (The Limited Liability Company cannot s business entity with an active Florida reg                                 | gent, Registered Office, & Registered Agerre as its own Registered Agent. You must designate an gistration.)  t address of the registered agent are:  Yauska Jarquin       | n individual or another                                  |
| (The Limited Liability Company cannot s business entity with an active Florida reg  The name and the Florida stree | gent, Registered Office, & Registered Agent. You must designate an gistration.)  t address of the registered agent are:  Yauska Jarquin  Name  8765 SW 76 Terrace          | n individual or another  09 SEP 21  SECRETARY TALLAHASSE |

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..

Registered Agent's Signature (REQUIREI)

(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:

| "MGR" = Manager "MGRM" = Managing Member   |  |                                |
|--|--|--------------------------------|
| Manager  | Yauska Jarquin<br>8765 SW 76 Terrace<br>Miami, Florida 33173 |                                |
|  |  |                                |
|  |  | 99 SEP                         |
|  |  | 21 PR                          |
| (Use attachment if necessary)  |  | ORID, ORID                     |
| CLE V: Effective date, if other than the date of the date is listed, the date must be selfective date the date of filing.) | ate of filing:   | (OPTIONAL) ive business days p |
| REQUIRED SIGNATURE:  | MODRANI III  |                                |
|  |  | mber.                          |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Yauska Jarquin
Typed or printed name of signee