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SECRETARY OF STATE

DIVISION OF CORPORATION

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ARMAND MICHAEL DIVIRGILIO Name of Person
-	FACILITY SERVICES OF FLORIDA, LLC. Firm/Company
	5335 GRANDE PALM CIRCLE
-	DELRAY BEACH, Flori DA, 33484 City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
	her information concerning this matter, please call:
Aen	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
]\$125.0	O0 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FACILITY SERVICES OF FLORIDA, 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 Limited Lia	bility Company is:
Principal Office Address: Mailing Address:	
5335 GRANDE PAIM CIRCLE 5335 GRANDE PAIM DELRAY BEACH, FLORIDA DELRAY BEACH, FLORE 33484 33484	Cilcle ida
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualized business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: MOENMIO LLC Name	DIVISION OF CORPOR
DEIRAY BEACH FL 33484 City, State, and Zip	SO STEP
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with a statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Ch	appointment as the provisions of all familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	
MAR	nomina minutact Nivirkilia
1166	ARMAND MICHAEL D'VIRGILIO 5335 GRANDE PAIM CIRCLE DELRAY BEACH, FL. 33484
	DEIRAY BEACH, FL. 33484
MGRM	MAURICE DAVID DIVIRGILIO
	5335 GRANDE PAIM CIRCLE
	DETRAY BACH, FL. 33484
(Use attachment if necessary)	
•	he date of filing: (OPTIONAL)
ICLE V: Effective date, if other than the	he date of filing: (OPTIONAL) to be specific and cannot be more than five business days p
ICLE V: Effective date, if other than the	he date of filing: (OPTIONAL) the specific and cannot be more than five business days pe
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)