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Effective Date 64 01 2010

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
MAR 1 0 2010
EXAMINER

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT: Da	wn Davis (Name of Limite	Dleaning Send Liability Company	rvices, lle
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Dau	un M. Da	Vis	
Dawn	Davis Cle	Puning Serv, Firm/Company	ices, LLC
4456	Picasso Av	LE NE	
Palr	m Bay, Fl	32907	
dm	- davis City E-mail address: (to be used for	32907 /State and Zip Code Of L rr. Co or future annual report notification)	m
For further information	concerning this matter, please		(ce11)
Harme Name	of Person	at (321) 917- Area Code & Daytime Tele 321-327	-9724 or ephone Number -2434 (home)
Enclosed is a check for	or the following amount:	•	
□\$125.00 Filing Fee	□\$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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (s ,

Tallahassee, FL 32301

Effective Date 04/01/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dawn Davis Cleaning Services, 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 Liability Company is:

Principal Office Address:	Mailing Address:
445 Picasso AveNE	
Palm Bay, Fla	Same
1 32907	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Name

145 Picasso Ave NE

Florida street address (P.O. Box NOT acceptable)

Palm Bay FL 32907

City, State, and Zip

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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SECRETARY OF STATE

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 Manager

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2010. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)