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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cleaning Hands Janitorial Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eunice P. Tyon Name of Person
Name of Person
Cleaning Hards Janitorial Firm/Company
Firm/Company
8601 Pisa Drive #1422 Address
Orlando F1, 32810 City/State and Zip Code CHSon 2 C. C. R. Com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Funice P. TySan at (407) 576-1574 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee \$\bigs\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Lim	nited Liability Company	is:	
Clean	ing Hands	Janitarial ability Company, "L.L.C.," or FLLC.	LLC
(Must	end with the words "Limited Lis	ability Company, "L.L.C.," or *LLC."	")
ARTICLE II - Add The mailing address		principal office of the Limit	ed Liability Company is:
Principal Office Ad	dress:	Mailing Address:	
8601 Pisa	Dr # 1422 Cl 32810	8601 Pisa	Dr #1422
	pany cannot serve as its own Re	red Office, & Registered Apgistered Agent. You must designate a	n individual or another
The name and the Fl	orida street address of the	e registered agent are:	AFC SEC IO
	Eunice Ty	SON	FIL 10 JUN 24 SECRETAR ALL'AHASS
_			FILI TARY TASSI
	8601 Pisa I	or # 1422	
	Of and a Cl	address (P.O. Box <u>NOT</u> acceptable	PHI2: 51 RY OF STATE SEE, FLORIDA
	City,	State, and Zip	
		to accept service of process fo in this certificate, I hereby acc	

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

70741		M A A J.J	
<u>Title:</u> "MGR" = Ma	nager	Name and Address:	
	Managing Member		
MG	ρ	Eunice TV sim	
1701		8601 Pisa De # 142	
		Orlando H 32810	<u> </u>
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: