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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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EXAMINER

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TANTA ANASSEE EN RATIONS

10 OCT 15 PM 3: 53

COVER LETTER

| TO: Registration of | on Section Corporations | | | | | |
|--------------------------|---|--|--|--|-------------------|--|
| _{SUBJECT:} D. V | Vright Girl Construc | ction Clean | ing LLC | | | |
| 50 00 001 | Name of Limit | ed Liability Compa | ny | | | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filing | ; . | | | |
| Please return all cor | respondence concerning this mat | ter to the following | : | | | |
| DEBO | RAH LEE WRIGH | | | | | |
| | | Name of Person | | | | |
| D. Wrig | tht Girl Construction | n Cleaning Firm/Company | LLC | | | |
| 6E64 (| Nd Diver Dood | 1 mis Company | | | | |
| 6561 (| Old River Road | Address | | | <u>_</u> | |
| Baker, | FL 32531 | | | | | |
| Barci, | | y/State and Zip Code | | | | |
| N/A | | | | | | |
| | E-mail address: (to be used to | for future annual repo | rt notification) | | | |
| For further informat | ion concerning this matter, please | e call: | | | | |
| Deborah Lee | Wright-Smith | at (850 | 461-8217 | 75 CB | 10 | |
| Na | me of Person | Area Code | & Daytime Tele | phone Number | SG " | |
| Enclosed is a chec | k for the following amount: | | | S. 3. | 5 | |
|]\$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Certified Cop (additional copy | by | \$160.00 Filing Fe Certificate of State Certified Copy (additional copy-is en | us & ` ဟု ယ | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division Clifton Bo 2661 Exe | urier Address on Section of Corporations uilding cutive Center C ee, FL 32301 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Δ | RΤ | TC | LE : | i _ 1 | Var | ne |
|---|----|----|------|--------------|-----|----|
| | | | | | | |

The name of the Limited Liability Company is:

D. Wright Girl Construction 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 Limited Liability Company is:

| Principal Office Address: | Mailing Address: | |
|---|--|-------------|
| 6561 Old River Rd Baker, FL 32531 | 6561 Old River Rd Baker, FL 32531 | |
| (The Limited Liability Company cannot subusiness entity with an active Florida re | | |
| The name and the Florida stree | t address of the registered agent are: | 36 3 |
| Deborah Lee Wright-Smith | | |
| Name | | OCT T |
| 6561 0 | Old River Rd | SS To |
| Florida street address (P.O. Box NOT acceptable) | | |
| Baker | _{FL} 32531 | لا به الله |
| City, State, and Zip | | ORIGINA SE |
| - | red agent and to accept service of process for t | |

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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

| <u>Title:</u> | Name and Address: | |
|---|--|---------|
| "MGR" = Manager "MGRM" = Managing Member | | |
| "MGR" 100% | Deborah Lee Wright-Smith | |
| | 6561 Old River Rd | |
| | Baker, FL 32531 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| · | | |
| (Use attachment if necessary) | | |
| | e date of filing: Oct. 15, 2010 (OPTIONAL) | |
| (If an effective date is listed, the date must to or 90 days after the date of filing.) | be specific and cannot be more than five business days p | rior |
| | | |
| <u>REQUIRED</u> SIGNATURE: | A Section 1 | |
| 1 Delonik | Ly which Smith 3 : | 7 7 7 E |
| Signature of a mem | per or an authorized representative of a member. | ARCON |
| constitutes an affirmation und I am aware that any false info | er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s. 817.155. F.S.) | |
| Deborah Lee | Wright - Smith | |
| т | yped or printed name of signee | |

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)