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(Req	uestor's Name)	
(Address)		
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(City	/State/Zip/Phone	o #)
PICK-UP	■ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER FEB 18 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pamela'S Unique Cleaning Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please roturn all correspondence concerning this matter to the following:	
Pamela D. Gardner Name of Person	
Panela's Unique Cleaning Firm/Company Ess 8	
1405 Masde Street Address	Π
City/State and Zip Code	
PPP DE LA COM Fr-mail address (to be used for future annual report notification)	.9
Hamela D. Gardner at (850) 545-8759 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: S125.00 Filing Fee \$\bigs_{130.00}\$ Filing Fee & \$\bigs_{155.00}\$ Filing Fee & \$\bigs_{160.00}\$ Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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:

Pancla's Unique C (Must end with the words "Limited Liability	ty Company, "L.L.C." or "Lt.C.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1405 Maude Street	1405 Maude Street
Tallahassec, FC 32310	Tallahassee, FC 32310
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration of t	ered Agent. You must designate an individual or another

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..

City, State, and Zip

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 2/1/// (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:

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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

itules a fird degree lelony as provided for in \$.817.155, F.S.)

Typed 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)