L11000033779

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
WII - 15839
Special Instructions to Filing Officer:
DATE 3/al/4
Frank Alt

Office Use Only



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EFFECTIVE DATE AS II

OIVISION OF CORPORATION

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COVER LETTER

TO:		ration S on of Co	ection rporations			•
SUBJE	cr:	Home	Cleaning Solut	ions, LLC	;	
50202	_			ted Liability Co		
The end	closed A	rticles of	Organization and fee(s) are	submitted for f	iling.	
			ondence concerning this mat		_	
	Nige	1 H F	enty			
	ivigo	1 1 1. 1	Only	Name of Person	1	
	Home	CI	eaning Solutions	S. LLC		
				Firm/Company	,	
	5818	3 Win	d Ridge Drive			
•				Address		, <u>** 1, 12 </u>
,	Vinte	r Hav	en, Florida 33881			
				ty/State and Zip (Code	
1	nigelfe	enty@	yahoo.com			
•			E-mail address: (to be used	for future annual	report notification	n)
For furt	her info	rmation c	oncerning this matter, pleas	e call:		
Nigel	H. Fe	enty		at (321	, 525-074	43
		Name o	f Person		Code & Daytime	l'elephone Number
Enclos	ed is a o	check for	the following amount:			
\$125.00			\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy 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	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation Building Executive Center than Section 1230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Home Cleaning Solutions, 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:

Frincipal Office Address:	Maning Address:
5818 Wind Ridge Drive	5818 Wind Ridge Drive
Winter Haven, Florida	Winter Haven, Florida
33881	33881

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

5818 Wind Ridge Drive

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

Winter Haven

FL 33881

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..

Page 1 of 2

(CONTINUED)

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

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

MGR	Nigel H. Fenty
	5818 Wind Ridge Drive
	Winter Haven, Florida 33881
Use attachment if necessary)	the date of filing: $4-25-11$ (OPTIC

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. 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.)

Nigel Fenty

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)