## #L11000046808

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BURETARY OF STATE
ALL ARASSEF FLORIDA

EXAMINER
APR 2 0 2011

## **COVER LETTER**

• TO: • Registration Section  Division of Corporations
SUBJECT: College Girl Cleaving Service LLC. 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:
Michael Montenaro Name of Person
College Girl CleAving Service LLC.
424 Hillcrest St.
Orlando, FL 32863 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Montenaro at (407) 879-7763  Name of Person at (407) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee  \$130.00 Filing Fee & Certificate of Status  \$155.00 Filing Fee & Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations  P.O. Box 6327  Clifton Building

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 Compar	ny is:
College Gir	Cleaning LLC. Liability Company, "LJ.C.," or "LLC.")
ARTICLE II - Address:	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
424 Hillcrest St. Orlando, FL 32803	424 Hillcrest St. OHANDO, FL 32803
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Corporation Service Co	mpany E 3
N	Vame
1201 Hays Street	SSE
	et address (P.O. Box NOT acceptable)
Tallahassee	et address (P.O. Box NOT acceptable)  FL 32301  State and Zip
Ci	FL 32301 ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as  Corporation Service  By:	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.)	<u>Title:</u> "MGR" = Manager	Name and Address:
Hall Hillcrest St. Orlando, FL 32803     MGRM   Wright     Hall crest St. Orlando, FL 32803     William Wright     Hall crest St. Orlando, FL 32803     Orlando, FL 32803		
Hall Hillcrest St. Orlando, FL 32803     MGRM   Wright     Hall crest St. Orlando, FL 32803     William Wright     Hall crest St. Orlando, FL 32803     Orlando, FL 32803	MGRM	Michael Martanora
MGRM  Milliam Wright  H2H Hill cress. St.  Orlando, FL 32803  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.)  REQUIRED SIGNATURE:		424 Hillcrest St.
MGRM  William Wright  H2H Hill cress 5t.  Orlando, FL 32803  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		ONANDO, FL 32803
MGRM  William Wright  H2H Hill cress 5t.  Orlando, FL 32803  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	AGRA	Midney - Marchanne
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.)  REQUIRED SIGNATURE:	100	HAH HILLOUST ST.
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.)  REQUIRED SIGNATURE:	•	5-lando, fl 32803
LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.)  REQUIRED SIGNATURE:	MGRM	William Worant
LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.)  REQUIRED SIGNATURE:		424 Hill crest St.
LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.)  REQUIRED SIGNATURE:		Orlando, FL 32803
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days after the date of filing.)  REQUIRED SIGNATURE:	(Use attachment if necessary)	
required signature:  M M	LE V: Effective date, if other than t	
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M Mt	LE V: Effective date, if other than t	
Signature of a member or an authorized representative of a member.	LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
Signature of a member or an authorized representative of a member.	LE V: Effective date, if other than t fective date is listed, the date must	
	LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	

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)

Typed or printed name of signee