

L11000084372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

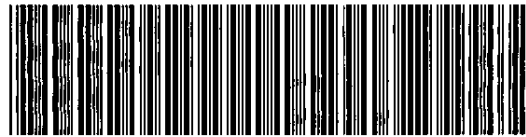
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 21 PM 2:38

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W11-33389

J. BRYAN

JUL 22 2011

EXAMINER

Rain Forest Cleaning Service
5770 Houchin Street
Naples, FL 34109
(239) 692-3141

July 19th, 2011

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Reference: Your correspondence dated June 21, 2011, Ref. Number W11000033389;
The conversion to LLC for Rain Forest Cleaning Service, Inc. Your Letter
Number 811A00015042.

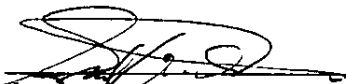
In accordance with your correspondence, referenced above, I am submitting New Articles
of Organization for Rain Forest Cleaning Service, LLC, enclosed.

I have no intention of reinstating the Corporation; Rain Forest Cleaning Service, Inc,
Document Number P07000043701, which was administratively dissolved on 9/24/2010.

We hereby request that the name be released for use to another entity.

Your assistance in this matter is very much appreciated.

Sincerely yours,



Sandra Argueta
President of Rain Forest Cleaning Service, Inc.

Enclosures: Div of Corp. Letter; Articles of Organization for Rain Forest Cleaning
Service, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rain Forest Cleaning 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:

Sandra Argueta

Name of Person

Rain Forest Cleaning Service, LLC

Firm/Company

Post Office Box 770752

Address

Naples , Florida 34107-0752

City/State and Zip Code

arguetanino@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Argueta

Name of Person

at (239) 692-3141

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 & Certified Copy (additional 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

Street/Courier Address

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 Limited Liability Company is:

RAIN FOREST CLEANING SERVICE, LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5770 HOUCHIN STREET

NAPLES, FLORIDA 34109

Mailing Address:

P.O. BOX 770752

NAPLES, FLORIDA 34107-0752

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:

SANDRA ARGUETA

Name

5576 JONQUIL CIRCLE , # 203

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

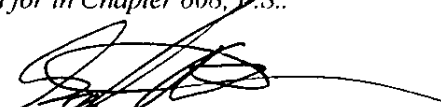
NAPLES

FL 34109

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

SANDRA ARGUETA

5576 JONQUIL CIRCLE , # 203

NAPLES, FLORIDA 34109

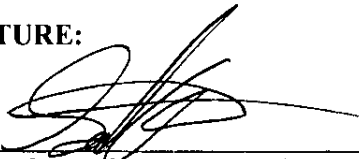
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

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.)

SANDRA ARGUETA

Typed or printed name of signee