

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561) 455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

FLORIDA LIMITED LIABILITY CO. Double A Cleaning LLC Certificate of Status Certified Copy Page Count Bestimated Charge S125.00

Electronic Filing Menu

Corporate Filing Menu

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JUL 2 6 2011

EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company Is:

DOUBLE A CLEANING LLC

ARTICLE II ADDRESS

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

51 PINE ST

WINDERMERE, FLORIDA 34786

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &

The name and the Florida street address of the registered agent are:

ALEXANDER DONSKY
51 PINE ST
WINDERMERE, FLORIDA 34786

Having been named as registered agent 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.

ATEXANDER DONSKY / Registered Agent's signature

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DOUBLE A CLEANING LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
ALEXANDER LEVITON
51 PINE ST
WINDERMERE, FLORIDA 34786

MANAGING MEMBER
ALEXANDER DONSKY
51 PINE ST
WINDERMERE, FLORIDA 34786

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SEVER SISEE FLORIDA

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.

PRINTED NAME OF SIGNEE