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J. SAULSBERRY EXAMINER

AUG 1 9 2011

COVER LETTER

TO: Registration Section Division of Corporations Vinneti'+ Ronnies SUBJECT: Best Cleaning Service, LL Name of Limited Liability Company	C
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:	
Jerrone and Vinnetic Meckins Name of Person	
Firm/Company	
Address	
Havana Fl 32333 City/State and Zip Code Vinnetice & wyd blue Net B-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vinnetie Meekins at (850) 875-4627 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Vinnetie + Ronnies

ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability C	ompany	is:
Principal Office Address: 602 FOREST CIRCLE North Howana F	Mailing Address: Same		
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.	egistered agent are:	ire: 2011 AUG 19	
ላ ሳ	Circle North ress (P.O. Box NOT acceptable) FL 33333	19 PM 3: 03	LEO

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..

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM"	Jerrone & Meckins SR 602 Forest Circle North Havana F132333
MGRM	Vinnetie L. Meekins Goz Fure 8+ Circle North Havana FC 32333
	ZOLI AUG 19 SECRETARN TALLAHASS
(Use attachment if necessary)	OF STATE REFFLORIDA
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
DECHIDED SIGNATURE.	

<u>REQUIRED</u> 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.)

tie L' Meckins

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)