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**Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
LILIANA'S CLEANERS SERVICE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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EXAMINER

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H11000222045

SEPTEMBER 9, 2011

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Liliana's cleaners SERVICE LLC
of Doc # LD9000023640 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

Liliana OSL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LILIANA'S CLEANERS SERVICE 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:

Principal Office Address:2094 ARBOUR WALK CIR. APT 3018
NAPLES, FL 34109Mailing Address:2094 ARBOUR WALK CIR. APT 3018
NAPLES, FL 34109

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:

LILIANA ORDONEZ

Name

2094 ARBOUR WALK CIRC APT 3018Florida street address (P.O. Box NOT acceptable)NAPLES, FL 34109

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..

Liliana Ordenez

Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

LILIANA ORDONEZ

2094 ARBOUR WALK CIRCLE APT 3018

NAPLES, FL 34108

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TALLAHASSEE, FLORIDA

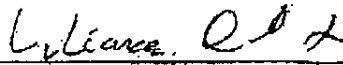
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(Use attachment if necessary)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

LILIANA ORDONEZ

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)

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