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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: On the Bay Cleaning Services LLC	SUBJECT:	On the	Bay	Cleaning	Services	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:

Edilia Perez		
	Name of Person	
On the Bay Cleaning S	Services LLC.	
	Firm/Company	
12205 N BOULEVARD		
	Address	
TAMPA FLORIDA 33612		
Ci	ity/State and Zip Code	
onthebaycleaning@yahoo.c		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Carlos Ordonez	at (813) 475-0536)
Name of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount:	_	
\$125.00 Filing Fee \$\times\$ \$130.00 Filing Fee \$\times\$ 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:	
On the Bay Cleaning Service (Must end with the words "Limited Liability)	ces LLC. ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12205 N BOULEVARD	12205 N BOULEVARD
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 re-	red Agent. You must designate an individual or another
Edilia Perez	
Name	
12205 N BOULI	EVARD
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
TAMPA FLORIDA 33612	FL
City, Star	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited nis certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	HASSI
CONTINI	[14] THE STATE OF

Page 1 of 2

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

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

'MGRM" = Managing Memb	oer .
MGR	EDILIA PEREZ
	12205 N BOULEVARD
	TAMPA FLORIDA 33612
MGRM	Carlos Ordonez
Made and the state of the state	5208 E 28th AVE
•	TAMPA FLORIDA 33619
(Use attachment if necessary)	
TEXT. December data to all the	11-01-2011 (OPTION
	than the date of filing: 11-01-2011 . (OPTION must be specific and cannot be more than five business d
days after the date of filing.)	must be specific and cannot be more than five business of
nays after the date of hims.)	

<u>D</u> DIGITILI DIGE.

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.)

Edilia Perez

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)