Division of Corporations

Page I of 1



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP

Account Number: 120100000009

Phone Fax Number : (305)599~0839 : (305)592-9591

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. A&G CLEANING PLUS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

JUN 07 2012

<u>EXA</u>MINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
A&G CLEANING PLUS, LLC	y Comgany "L.L.C.," or "LLC."		
ARTICLE II - Address: The mailing address and street address of the print		ability Company is:	:
Principal Office Address:	Mailing Address:		
514 SW 2ND AVE OCALA, FL 34471	PO BOX 772443 OCALA, FL 34477		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's red Agent. You must designate an individ	dual or another 📈	
The name and the Florida street address of the re	gistered agent are:	JUN - AHAS	
FRANCISCO ARRIETA		35 78 9	1
Name		E-0-2	\Box
514 SW 2ND AVE		# 10: 50 F S FATE FLORIDA	Ö
Florida street addre	ess (P.O. Box NOT acceptable)	Sa RID	
OCALA	EL 34471	> 4	
City, Star	c, and Zip		
Having heen named as repistered agent and to a	ocent service of process for the c	ahove stated limited)

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 cartificate, 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)

Page 1 of 2

Tide:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	ber
-	
MGRM	FRANCISCO ARRIETA
	PO BOX 772443 OGALA, FL 34477
	OCALA, FC 34477
MGRM	ISRAEL GARCIA
	PO BOX 772443
	QCALA, FL 34477
	
	•
LE. V: Effective date, if other Tective date is listed, the dat	then the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days pr
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(Use attachment if necessary LE. V: Effective date, if other Tective date is listed, the dat days after the date of filing. REOURED SIGNATURE	then the date of filing: e must be specific and cannot be more than five husiness days pr)
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ARTICLE IV- Manager(s) or Managing Member(s):