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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: MAXClean Carpet Car	e, LLC	
Sebeter:	ed Liability Compa	ny
The enclosed Articles of Organization and fee(s) are	submitted for filing	
Please return all correspondence concerning this mat	ter to the following:	
Fate E. Paschall		
	Name of Person	
MAXClean Carpet Care, L		
	Firm/Company	
1938 Ebbtide Ct		
	Address	
Fernandina Beach, Fl. 32034		
	y/State and Zip Code	
paschall_gene@bellsouth.net E-mail address: (to be used to	for future annual repor	rt notification)
For further information concerning this matter, please	e call:	
Fate E. Paschall	_at (904)	864-4523
Name of Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton Bu 2661 Exec	of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MAXClea	n Carpet Care, 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:	Mailing Address:
1938 Ebbtide Ct.	1938 Ebbtide Ct.
Fernandina Beach Fl. 32034	Fernandina Beach Fl. 32034

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:

Fate E. Paschall Name 1938 Ebbtide Ct. Florida street address (P.O. Box NOT acceptable) Fernandina Beach 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..

(CONTINUED)

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:

1938	E. Paschall Ebbtide Ct. andina Beach, FL. 32034
	andina Beach, FL. 32034
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of file effective date is listed, the date must be specific 0 days after the date of filing.)	ing: (OPTIONA and cannot be more than five business day

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. 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.)

Fate E. Paschall

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)