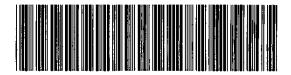
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Certified Copies	Certificates	of Status
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Office Use Only



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D. BRUCE

COVER LETTER

TO: > Registration Section
Division of Corporations

SUBJECT: WALSAN 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:

WALSAN SERVICES LLC Firm/Company 3747 NW 35TH STREET Address COCONUT CREEK, FL 33066-2463 City/State and Zip Code N/A E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Waldir Moraes Dos Santos at 954 692-4084

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 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	y is:	
WALSAN SERVICES LLC		
(Must end with the words "Limited l	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
WALSAN SERVICES LLC	WALSAN SERVICES LLC	
3747 NW 35TH STREET	3747 NW 35TH STREET	
COCONUT CREEK, FL 33066	COCONUT CREEK, FL 33066	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)	tegistered Agent. You must designate an individ	
The name and the Florida street address of the registered agent are:		SS
RENATA SANTOS		7.13-cm. 2000
Name		PM 12: 49 DE STATE
3747 NW 35TH STREET		
Florida stree	t address (P.O. Box NOT acceptable)	5 *** 9
COCONUT CREEK, F	-L 33 <u>9</u> 66	
Cit	State and Zin	

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..

Registered Agent's Signature (REQUIRED)

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	WALDIR MORAES DOS SANTOS
	3747 NW 35TH STREET
	COCONUT CREEK, FL 33066
	
(Use attachment if necessary)	
	n the date of filing: N/A (OPTIONAL) nust be specific and cannot be more than five business days
prior to or 90 days after the date of filing	
<u>REQUIRED</u> SIGNATURE:	2013
	Whate To
	ember or an authorized representative of a member.
constitutes an affirmation u I am aware that any false ir	notes the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
WALDI	Typed or printed name of signee
	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)