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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elegance Cleaning Service, 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:

Ronica Richardson

Name of Person

Elegance Cleaning Service, LLC

Firm/Company

8401 Dr. Martin Luther King Jr. St. N Suite 111

Address

St. Petersburg, FI 33702

City/State and Zip Code

ronica@elegancecleaningservice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronica Richardson

.727

289-3600

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

Elegance Cleaning Service, LLC (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	—
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
8401 Dr. Martin Luther King Jr. St. N Suite 111	8401 Dr. Martin Luther King Jr. St. N Suite 111	
St. Petersburg, FI 33702	St. Petersburg. Fl 33702	
The name and the Florida street address of the r Ronica Richardson Name 8401 Dr. Martin Luther King Jr		EC -2 PH 4: C
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)	80
St. Petersburg	_{FL} 33702	
City, Sta	ate, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as registered.	this certificate, I hereby accept the app ity. I further agree to comply with the te performance of my duties, and I am j	ointment as provisions of familiar with

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



ARTICLE I - Name:

The name of the Limited Liability Company is:

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

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

"MGR" = Manager	r	Name and Address:	
"MGRM" = Manag			
MGRM	_	Ronica Richardson	_
MGR	_	Jean Richardson	_ _ _
			
			<u>-</u>
	_		
			_
(Use attachment if	necessary)		_
CLE V: Effective da	ate, if other than the	e date of filing: 1-1-2014 . (OPTI t be specific and cannot be more than five bu	
CLE V: Effective date is list	ate, if other than the ted, the date must he date of filing.)		isiness 2013 OEC
CLE V: Effective da effective date is list o or 90 days after th	ate, if other than the ted, the date must he date of filing.)		isiness
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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)