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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT OF THE PARTY OF THE PAR		
SUBJECT: SupearClean Maid Services, LLC. Name of Lir	nited Liability Company	
		•
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Yohei Castro	Name of Person	
SuperClean Maid Services, LLC.		<u> </u>
	Firm/Company	
12349 SW 11th Street		
	Address	
Dembuska Dinas El 22025		
Pembroke Pines, FL 33025	ity/State and Zip Code	
STA3DIV@GMAIL.COM		
E-mail address: (to be use	d for future annual report notifica	ation)
For further information concerning this matter, plea	ase call:	
Yohei Castro at (3	005 \ 600 6570	
Yohei Castro at (3 Name of Person		lephone Number
Enclosed is a check for the following amount:	_	
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy	☐\$160.00 Filing Fee, Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		•
Mailing Address	Street/Courier Add	ress
Registration Section Division of Corporations	Registration Section Division of Corporat	iions
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
SuperClean Maid 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 principal offi	ice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
12349 SW 11th Street	12349 SW 11th Street			
Pembroke Pines, FL 33025	Pembroke Pines, FL 33025			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	Registered Agent. You must designate an individ	dual or SEC	2014	
Yohei Castro		上西	833	
Name		ASS ASS	FEB 27 AH 11: 30	ה ר
12349 SW 11th Street				ſ
Florida street address (P.O. Box 1	NOT acceptable)	三 三 3	== ==	,
Pembroke Pines	FL 33025		 ယ	
City	Zip	r-	0	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the chapter of the provisions of the control of the	the appointment as registered agent and agree to fall statutes relating to the proper and complete gations of my position as registered agent as pro r 605, F.S	o act in th performa	his ance	

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
President	Yohei Castro	
	12349 SW 11th Street	
	Pembroke Pines, FL 33025	
(Use attachment if necessary) F. V. Effective date if other than the date	of filing: (OPTIONAL)	
EV: Effective date, if other than the date ective date is listed, the date must be sp	e of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da	ys afi
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ARTICLE IV-