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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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TALLAH ASSEE, FLORID A

	COVER LETTER	~
	Registration Section Division of Corporations	THE REPORT OF THE PARTY OF THE
SUBJECT	T: PA'LANTE CIEDNING CONPANY "LLC." Name of Limited Liability Company	ASSE TARY
	Name of Limited Liability Company	
The enclos	sed Articles of Organization and fee(s) are submitted for filing.	LORIO
Please retu	urn all correspondence concerning this matter to the following:	,,
	AGUSTIN CENTENO Name of Person	
	Name of Person	
	Pa' LANTE CLEANING COMPANY "LLC." Firm/Company	
	Firm/Company	
	3480 24 TH AVE. NE. Address	
	Address	
	NaQ \ES, F1. 3412δ City/State and Zip Code	
	City/State and Zip Code	
_CE	E-mail address: (to be used for future annual report notification)	
	E-mail address. (to be used for future aimidal report notification)	
For further	r information concerning this matter, please call:	
CEC	Name of Person at (239) 231-8120 Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:	
\$125.00 B	Ciling Fee	a Fee

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: PA LANTE Cleaning Cumpan (Must end with the words "Limited Liability Company)	iability Company, "L.L.C.," or "LLC.") SEE 1
ARTICLE II - Address: The mailing address and street address of the principal office	<u> </u>
Principal Office Address:	Mailing Address:
NAPIES, FL. 34/20	3480 24 TH AVE. NF. NAPIES, FL 34120
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individual or
AGUSTIN CENTEND Name 3480 24TH AVE. NE	
Name	
3480 24TH AVE. NE	
Florida street address (P.O. Box N	
Nar)Es City	FL 34120 Zip
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized I "MGR" = Manager		
MGR	CECILIA CEN	TEND
	3-480 ZA TH A	ve. Ne
	Naples, Fl. 3	4120
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ARTICLE IV-