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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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**FLORIDA LIMITED LIABILITY CO.
MAID PROFESSIONALY, LLC.**

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

MAID PROFESSIONALY, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MAID PROFESSIONALY, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**126 SW 40TH TERRACE
GAINESVILLE, FL. 32607**

The mailing address shall be:

**126 SW 40TH TERRACE
GAINESVILLE, FL. 32607**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

MARIA N. RAMIREZ

126 SW 40TH TERRACE

Florida street address (P.O.BOX NOT acceptable)

GAINESVILLE, FL. 32607

City, State, and Zip

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

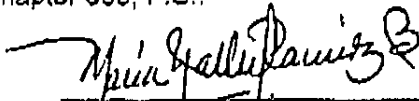
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 605, F.S..



REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MARIA N. RAMIREZ
126 SW 40TH TERRACE
GAINESVILLE, FL. 32607

MANAGER

JORGE A. ABADIA
126 SW 40TH TERRACE
GAINESVILLE, FL. 32607

MANAGER

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARIA N. RAMIREZ

Typed or printed name of signer

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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