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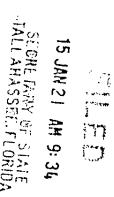
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJI	ECT: <u>FIVE S</u>	TAR PRESSURE WASHI Name of Lin	NG SOLUTIONS LLC mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	ALFRE	OO M. ARAFET	Name of Person	
	FIVE ST	AR PRESSURE WASHIN	G SOLUTIONS LLC Firm/Company	
	1920 DA	NFORD STREET	Address	
	<u>NAPLES</u>	6, FL 34112	City/State and Zip Code	
_sa	indra@sgwla	ndscape.com E-mail address: (to be use	d for future annual report notific	ration)
For fur	ther informatio	on concerning this matter, ple	ase call:	
SAND	RA E. ARAF Nar	ET at (at (at (at (239) 821 1113 Area Code Daytime Te	elephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	0 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)
	Ma	iling Address	Street/Courier Add	Iress

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

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 is	:
FIVE STAR PRESSURE WASHING SOL (Must end with the words	UTIONS LLC. s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1920 DANFORD STREET NAPLES, FL 34112	1920 DANFORD STREET NAPLES, FL 34112
another business entity with an active Florida	as its own Registered Agent. You must designate an individual or registration.)
The name and the Florida street address of the	registered agent are:
SANDRA E. ARAFE	IT
	Name
1920 DANFORD ST	REET
Florida street address	(P.O. Box NOT acceptable)
NAPLES	FL 34112
City	Zip
the place designated in this certificate, I he capacity. I further agree to comply with the pof my duties, and I am familiar with and account of the position	o accept service of process for the above stated limited liability company a reby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance cept the obligations of my position as registered agent as provided for in Chapter 605, F.S CONTINUED) Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	ALEDEDO M. ADAEET
MGR	ALFREDO M. ARAFET
	1920 DANFORD STREET
	NAPLES, FL 34112
MGR	SANDRA E. ARAFET
	1920 DANFORD STREET
	NAPLES, FL 34112
	. 1
(Use attachment if necessary)	. / _/ _
EV: Effective date, if other than the date	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ective date is listed, the date must be spof filing.)	
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
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* ARTICLE IV-