L14000019486

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(Address)	
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PICK-UP WAIT	MAIL
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15 JAN 23 AM IO: SE FEB 02 PMS

COVER LETTER

TO: Registration Section Division of Corporat			
SUBJECT: ARDO	Z Cleanin Name of Limit	G AND MAIL ed Liability Company	wtenance CCC.
The enclosed Articles of Organ	ization and fee(s) are	submitted for filing.	
Please return all correspondence	e concerning this matt	er to the following:	
	Kerry Ho	Name of Person	
ARDO	R Cleanin	G & M	ne FL 32935
1968 n	190ison Al	re Melbar Address	ne FC 32935
KerryHolm E-mail		/State and Zip Code	notification)
For further information concern	ing this matter, please	call:	
Kerry Holmes Name of Pers	at (Z	32/ 794/ trea Code Days	- Z (d6) ime Telephone Number
Enclosed is a check for the follo	owing amount;		
	ificate of Status	\$155.00 Filing Fee & Certified Copy additional copy is encl	Certificate of Status &
Mailing Add		Street/Courie	
Registration S Division of C		Registration S Division of C	
P.O. Box 632		Clifton Buildi	
Tallahassee, F	L 32314		ve Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
ARDOR CIPANING AND (Must end with the words "Limited	<i>M4 / N</i> I Liability C	ompany, "L.L.C.," or "I	ELC.
ARTICLE II - Address: The mailing address and street address of the principal of	office of the	Limited Liability Comp	any is:
Principal Office Address:	Mailing	Address:	
1968 MADISON AUG Melharue FL 32935		164 MADISON 1605NE FU 32935) AUS
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered		
The name and the Florida street address of the registered	l agent are:		
Kerry Holme			
Name 1968 MADIS Florida street address (P.O. Box	:		
1968 MADIS	ON A	UB	
Florida street address (P.O. Box	x <u>NOT</u> acce	ptable)	
<u>melbarne</u>	<u>FL</u>	32935	
City		Zip	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap	ot the appoint of all statute	itment as registered ager 2s relating to the proper my position as registered	nt and agree to act in this and complete performance
Registered Agent's Signa	nture (REQU	JIRED)	74 55 55
(CONTINU Page 1 of			JAN 23 REBARY AHASSE
ræge i ur.	-		AM 10: 5

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Vacci Halmas
AMBR	19/12 manisma) AVE
	MILITAL FC 32935
	
V: Effective date, if other than the date of tive date is listed, the date must be specificated.	filing:
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	
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ARTICLE IV-

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