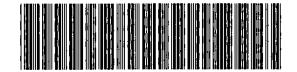
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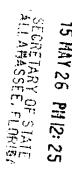
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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05/26/15--01057--010 **160.00



W PAINTER

COVER LETTER

	Registration Division of C	Section orporations			
SUBJEC		cleaning sevices L.L.C			
SOBJEC		Name of L	imited Liabili	ty Company	
The enclo	sed Articles	of Organization and fee(s)	are submitted	for filing.	
Please ret	urn all corres	pondence concerning this r	natter to the fo	ollowing:	
	Yolanda 1	riana			
			Name of	Person	
	Harbour c	leaning services L.L.C			
			Firm/Cor	npany	
	16710 ne	9th ave apt 501			
			Addre	SS	
	North mia	mi beach fl 33162			
	harbourcle	aning@hotmail.com	City/State and	Zip Code	
		E-mail address: (to be use	ed for future ar	nnual report notificati	on)
For further	information o	concerning this matter, plea	se call:		
	Yolanda T	riana at (786	4864727	
	Na		Area Code	Daytime Telephon	e Number
Enclosed i	s a check for	the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	D Filing Fee & d Copy I copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hart	oour cleaning services L.L.C.		
	(Must end with the words "Limited Lia	bility Company	, "L.L.C.," or "LLC.")
ARTICLE II - The mailing ad	Address: dress and street address of the principal office	of the Limited	Liability Company is:
	Principal Office Address:		Mailing Address:
1671	10 ne 9th ave apt.501 north miami beach fl 33162	16710	ne 9th ave apt.501 north miami beach f
(The Limited L	- Registered Agent, Registered Office, & Riability Company cannot serve as its own Regist entity with an active Florida registration.)		it's Signature:
(The Limited L another busine	iability Company cannot serve as its own Regiss entity with an active Florida registration.) the Florida street address of the registered age	egistered Ager istered Agent.	it's Signature:
(The Limited L another busine	iability Company cannot serve as its own Regiss entity with an active Florida registration.) the Florida street address of the registered age Yolanda Triana	egistered Ager istered Agent.	it's Signature:
(The Limited L another busine	iability Company cannot serve as its own Regiss entity with an active Florida registration.) the Florida street address of the registered age Yolanda Triana	egistered Agent, sistered Agent.	it's Signature:
(The Limited L another busine	iability Company cannot serve as its own Regiss entity with an active Florida registration.) the Florida street address of the registered age Yolanda Triana Na	egistered Agent. Vint are:	nt's Signature: You must designate an individual or
(The Limited L another busine	iability Company cannot serve as its own Register entity with an active Florida registration.) the Florida street address of the registered age Yolanda Triana Na 16710 ne 9th ave apt.501	egistered Agent. Vint are:	nt's Signature: You must designate an individual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECRETARY OF STATE

:27-1

"MGR" = Manager Yolanda Triana 16710 no 9th ave apt.501 north miami beach fi 33162. MGR (Use attachment if necessary) E.V: Effective date, if other than the date of filing: (OPTIONAL) tottve date is listed, the date must be specific and cannot be more than five business days prior to or 90 ds ff filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not benent's effective date on the Department of State's records. E.VI: Other provisions, if any. REQUIRED SIGNATURE: (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) AND TRIANA Typed or printed name of signee Filing Fees:	**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. I am aware that any false information submitted in a document to the Department of State. Filling Feest: **Filling Feest:** **Volanda Triana 16710 ne 9th ave apt.501 north miami beach is 33162. **MGR** **Volanda Triana 16710 ne 9th ave apt.501 north miami beach is 33162. **MGR** **(OPTIONAL)* **(In filling.)* **(In filling.)* **(In filling.)* **(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) **(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes at hird degree felony as provided for in s.817.155, F.S.) **(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. I am aware that any false information submitted in a document to the Department of State. **(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document on the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State. **(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document on the penalties of perjury that the facts stated herein are true. **(In accordance with section 605.0203 (1) (b), Flo	We attachment if necessary) We attachment if necessary) We Effective date, if other than the date of filing:	Volanda Triana 16710 no 9th ave apt.501 north miami beach fi 33162. MGR We attachment if necessary) We Effective date, if other than the date of filing: (OPTIONAL) We date is listed, the date must be specific and cannot be more than five business days prior to or 90 day Rilling.) The date is nested in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. Wi: Other provisions, if any. EDUIRED SIGNATURE: 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title: "AMBR" = Authorized Mer	Name and Address:
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