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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Manda Panda's Cleaning, LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amanda Connell Name of Person
Manda Panda's Cleaning, LLC Firm/Company
7514 Sandstone Road
Tallahassee, FL 32310 City/State and Zip Code  mandapanda, cegmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Status Status Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing 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:				
_ Manda (Must end wit	Panda's C	leaning	y, "L.L.C.," or "LLC.")		٠
ARTICLE II - Address: The mailing address and street addr	ress of the principal off	ice of the Limite	d Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Add	<u>iress</u> :	
7514 Sandston	ne Rd. Tall. FL3	<b>23</b> 10 <u>7</u>	514 Sandstone Ro	1. Tall. FL 32316	>
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti The name and the Florida street add	nnot serve as its own R ive Florida registration. dress of the registered a	Registered Agent  Description  Connell  Name	You must designate an i	281	
-	City	State	32310 Zip		LED LED
laving been named as registered age lace designated in this certificate, I I urther agree to comply with the prov m familiar with and accept the oblig	nereby accept the appoi isions of all statutes rela ations of my position as	e of process for the intment as registe ating to the propes registered agen	red agent and agree to ac er and complete performa	bility company at the of in this capacity in this capacity in the office of my duties, and I wer 605, F.S	WILED WILED

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Amanda Connell
HUIDK	7514 Sandstone Rd.
	Tall. FL 32310
V: Effective date, if other than the date tive date is listed, the date must be spefiling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 96
ctive date is listed, the date must be spo filing.)	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
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