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AUG 1 1 2015 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FIRST CLASS CLEANURS 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:		
Louse McDonard Name of Person		
First Class Chavers		
3591 Whippoorwill Way		
Tall., FL 32310 City/State and Zip Code		
Weezyclean@live.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
[DUISE MCDONAID at (850) 350-0965		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)		
Mailing Address Street Address		

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

the Louise McDonald, have no intentions of Me-instating first class cleaners, LC.

Doc# L13000019257

and I release the name.

Jouise McDonald 8/11/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FIRST CLASS CLASS (Must end with the words "Limited Linbility (Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	E Limited Liability Company is:
Principal Office Address:	Mailing Address:
3591 Whippoorwill way	3591 Whippoorwell

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

another business entity with an active Florida registration.)

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

LOUSE MCDonald

Name

3591 Whippoorwill way

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

TOUL, FL 32-310

City State Zip

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..

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Page 1 of 2

(CONTINUED)

15 AUG | | PH 3: 23

"AMBR" = Authorized Member "MGR" = Manager Dulke McDonard Self where portall way	<u>Title:</u>	Name and Address:
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of tiling: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, it'any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document of Potate.	"AMBR" = Authorized Member	Name and Address.
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	"MGR" = Manager	3591 Whipporwill way
ARTICLE V: Effective date, if other than the date of tiling:	AmbR.	
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1 ALICA LICTUALA	ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	wellDonald
LOUISE MCDOVA CD	REOUIRED SIGNATURE: Signature of This document is e I am aware that any	executed in accordance with section 605.0203 (1) (b), Florida Statutes.

Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)