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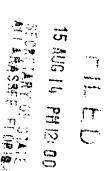
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bio-Safe Decon. Services. 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:
NONATHON D. SMITH
Name of Person
Bio-SAFE DECON. Services.
9309 SE 128th St.
Summerfield/FLORIDA/34491
City/State and Zip Code JDSMITH022784 @ GMail. 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 \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILETTY COMPANY

ARTICLE	I - Name:
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The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9309 SE 128th St	9379 SF 1704 SI
Suggestial II 3/100)	SUMMERS OF H 34491
JUMMETTICK, TO 34-111	SCANIFICIALIZATION OF THE

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 another business entity with an active Florida registration.)

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

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

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..

Registered Agent's Signature (REQUIRE)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	. 1 .	
"MGR" = Manager	JONATHON David S 9309 SE 12845 SF. SUMMETFIELD FL 3449	<u>smìth</u> 11—a.	
		···	
			
(Use attachment if necessary)			
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ARTICLE IV-