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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Advent Cleaners LLC
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Samuel Rokowski
	Name of Person
	Advent Cleaners LLC
	Firm/Company
	2526 Lake Debra dr #20112
	Address
	Orlando FL, 32835
	City/State and Zip Code
; -	srokowski@rcid.org
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Arlette Reyes 321 978-6825
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	Sling Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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 LIABILITY COMPANY

Advent Cleaners LLC					
(Must end v	vith the words "Limi	ited Liability Co	ompany, "L.L.	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principa	al office of the l	Limited Liabil	ity Company is:	
<u>Principa</u>	l Office Address:			Mailing Addre	<u>ss</u> :
Arlette Reves		\rightarrow	2526 Lake	Debra DR #20112	
			Over	do Ten. 328	3 6°
	Samuel Rokowski	Name			
	2526 Lake Debra				
	Florida street add	lress (P.O. Box	NOT accepta	ble)	
	Orlando FL, 3283 City	State		Zip	
daving been named as registered a clace designated in this certificate, iurther agree to comply with the pr im familiar with and accept the ob	I hereby accept the covisions of all statute ligations of my positions	appointment as es relating to the	registered age e proper and co d agent as prov	nt and agree to act in omplete performance vided for in Chapter	n this capacity. e of my duties, c
		(CONTI	NUED)		
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager "MGR"	Arlette Reyes- 2526 Lake Debra Dr #20112				
	Orlando FI, 32835				
(Use attachment if necessary)					
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a				
ARTICLE VI: Other provisions, if any.					
REOUIRED SIGNATURE					
Si-di					
This document is executed in acc	can authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ution submitted in a document to the Department of State as provided for in s.817.155, F.S.				
Samuel David Rokowski					
Typed	or printed name of signee				

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)