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ANASSEE FLORIDA

EFFECTIVE DATE 01/61/17

2 01/10/17

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-------------------|---|-------------------|---|
| SUBJEC | Miami Elite Maids | | |
| SOBOLO | | Limited Liabilit | y Company |
| The encl | osed Articles of Organization and fee(s) | are submitted f | or filing. |
| Please re | eturn all correspondence concerning this | matter to the fo | llowing: |
| | Michael Ray Dussie, Jr | | |
| | | Name of I | Person |
| | Miami Elite Maids | | |
| | | Firm/Con | npany |
| | 1228 Marseille Dr, APT 3 | | |
| | | Addre | SS |
| | Miami Beach, FL, 33141 | | |
| | miamiemaids@gmail.com | City/State and | Zip Code |
| | E-mail address: (to be us | sed for future ar | nual report notification) |
| For furthe | r information concerning this matter, ple | ease call: | |
| | Michael Dussie | 786 | 8042775 |
| | Name of Person | Area Code | Daytime Telephone Number |
| Enclose | d is a check for the following amount: | | |
|]\$ 125.00 | Filing Fee \$\frac{130.00}{Certificate of Status} | LCertifie | Siling Fee & Siling 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 Fallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Company, "L.L.C.," or "LLC.") |
|--|
| e Limited Liability Company is: <u>Mailing Address</u> : |
| 1228 Marseille Dr |
| APT 3 |
| Miami Beach, FL |
| |

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

Michael Ray Dussie, Jr.

Name

1228 Marseille Dr, APT 3

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

Miami Beach Florida 33141

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

TO SELIANT OF STATE

| "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | |
| AMBR | Micahel Ray Dussie, Jr |
| MINDI | 1228 Marseille Dr, APT 3 |
| | Miami Beach, FL |
| AMBR | Samantha Taylor |
| THIRDI | 1228 Marseille Dr, APT 3 |
| | Miami Beach, FL |
| AMBR | Jessica Lys Aguilera |
| AUTOR | 750 85th street #4 |
| | Miami Beach, FL |
| MGR | Rayanio Dussie |
| MOR | 7901 NW 7th Ave |
| | Miami, FL, 33150 |
| CLE V: Effective date, if other than th | the date of filing: 01/01/2017 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after |
| te of filing.) If the date inserted in this block does | s not meet the applicable statutory filing requirements, this date will not be listed as |
| te of filing.) | s not meet the applicable statutory filing requirements, this date will not be listed as |
| te of filing.) If the date inserted in this block does | s not meet the applicable statutory filing requirements, this date will not be listed as |
| te of filing.) If the date inserted in this block does ocument's effective date on the Depart | s not meet the applicable statutory filing requirements, this date will not be listed as |

ARTICLE IV-

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Typed or printed name of signee

Michael Ray Dussie, Jr.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE

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