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HATE SECRETARY OF STATE
SHASHON OF CORPORATIONS

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: D. L. Master Cleaning Company LLC Name of Limited Limited Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Devin J. Landers Name of Person
D.L Master Cleaning company Firm/Company
3934 Roswell Drive Total Harrissee flesson
Tallahassee fl 32310 City/State and Zip Code Devinlanders 500 6 9mail-(om) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Devin J. Landers at (305) 610-4127 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 \$160.00 Filing Fee, 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 CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Master Cleaning Company L.L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Principal Office Address:

934 Roswell Drive allahassee, Fl 32310

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

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:		
Devin J. Landers Name		
3934 Roswell Drive Tallahasse fl. 32310 Florida street address (P.O. Box NOT acceptable)		
Tallahassee fl 32310		
City State Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability company at to place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, as am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	1	
Registered Agent's Signature (REQUIRED)		
(CONTINUED)	17 APR 24	SECRETAR NATERAL OF B
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Mailing Address:

3934 Roswell Drive Tallahassee fl, 32310

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Dewn J. Londers
	3934 Boswell Dive
	Tallahasse, fl,32310
M&R	
	- A - PANAGO
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be date of filing.) Note: If the date inserted in this block doe not document's effective date on the Depart RTICLE VI: Other provisions, if any.	s not meet the applicable statutory filing requirements, this date will not be listed a tment of State's records.
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RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does a document's effective date on the Depare RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an constitutes a third	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed a tment of State's records. of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State

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)

ARTICLE IV-