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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Cleaning Service Ectierrez 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:
Cornelo Salvador hancel Name of Person
2959 applacher parking Apt 45
Address
† 11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Tallahassee FL 32501 Comple Shinder 32301 @ amail (CM)
Cornelo salvador 3230/ @ amail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
of further information concerning and matter, prease can.
Carmelo Salvadora (550) 570 - 90 94!
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee, Fl. 32314 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(CONTINUED)

Registered Agent's Signature (REQUIRED)

 	n authorized to manage and control the Limited Liability Company: Name and Address:
Title: "AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	Carmelo Salvador Auggel
AMB&	Apt tos: Letido Gorcia Gutierz 2959 apoladore park way Apt 65
(Use attachment if necessary)	
RTICLE V. Effective date, if ather than the	date of filing: (OPTIONAL)
f an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block does refer to the Department on the Department.	not meet the applicable statutory filing requirements, this date will not be listed
f an effective date is listed, the date must be date of filing.) Sote: If the date inserted in this block does role document's effective date on the Department of the Depart	e specific and cannot be more than five business days prior to or 90 days afte not meet the applicable statutory filing requirements, this date will not be listed a
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f an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block does rebe document's effective date on the Department of the Department is even the Department of the D	amember or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

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