11800085493

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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2011 APR -9 PH 2: 14

SEGRETARY OF STATE
AND AHASSEF ELONGE



COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT: J	R & SONS CLEANIN	9	
	Name of Limited Liabi		-
The enclosed Articles	s of Organization and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this matter to the	following:	F-81
	John R Dubrey III		APR-9 PH 2: 1
	/ Name o	of Person	SSE SO LE
	John R Unbrey III Name o	ompany	For Pro
	Firm/C	ompany	97
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	36 Sheppidwiod 1	<u>DR</u>	
	,100		
Cro	city/State a	327	
	City/State a	nd Zip Code	
	E-mail address: (to be used for future	annual report notification)	
For further information	n concerning this matter, please call:		
Joh	Name of Person Area Code	1491-2875	-
1	vame of Person 7 Area Code	Daytime Telephone Number	
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	Certificate of Status Certi	nal copy is enclosed) Certified	e of Status &
<u>M:</u>	ailing Address	Street Address	
Ne	w Filing Section	New Filing Section	
	vision of Corporations D. Box 6327	Division of Corporations Clifton Building	
	Ilahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Cleaning U.L.C	
JR & SONS.	<u> </u>
(Must contain 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 Add	lress:
36 ShePerbugal PR Same	
Lra Ntordville FL Jazz7	
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 in another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	APR - APR - SRETAR AHASS
John Dubney 771 Name	
Name	
36 Sheperdund DR	~ ~ ~
Florida street address (P.O. Box NOT acceptable)	£-
Crawfordville FL 32327 City State Zip	
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MOR John Dubney III	JUHN DUBNEY II 36 sneperdunad Dr Crumondville FL 32227 SECRETARY OF STATE SEE. FLED 1031
(Use attachment if necessary)	
an effective date is listed, the date must be speci- date of filing.)	filling:
RTICLE VI: Other provisions, if any.	
THELE VI: Once provisions, it any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Tuhan Dubney TTI

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)