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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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SCORETARY OF STATE

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COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: Speedy Suffers Cleaning Servius 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: |
| Kierra Keshande Pittman |
| Name of Person |
| |
| |
| 1340 Jimmens Road Address Ourney florida 33352 City/State and Zip Code |
| Address |
| Warry Flored a SJ332 |
| amari KP47 agmail. Com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code Daytime Telephone Number |
| 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, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, 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

Tallahassee, FL 32314

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Speedy Swifters (Must contain the word) | Cleaning s "Limited Liab | Servi Cé ility Compar | y, "L.L.C.," or "LLC.") | |
|--|--|---|--|----------|
| ARTICLE II - Address: The mailing address and street address of the | principal office | of the Limit | ted Liability Company is: | |
| <u>Principal Office Ad</u> | ldress: | | Mailing Address: | |
| 1340 Timmons Road | | | 1571 Stone Road Apt 3 | <u>C</u> |
| 1340 Timmons Road Funny F1 323S | 2 | _ _ | Tailahassee Fl 32303 | 2 |
| | • | Man ime Coad O. Box NO | T acceptable) | |
| | City | State | 32303 Zip | |
| Having been named as registered agent and to place designated in this certificate, I hereby ac further agree to comply with the provisions of am familiar with and accept the obligations of | accept service of cept the appoint all statutes relati my position at r | of process for ment as regin ing to the pea egistered ag | r the above stated limited liability company stered agent and agree to act in this capaci oper and complete performance of my dutie. | ty. T |

(CONTINUED)

TELEGIARY OF STATE

JUN 24 PH 2: 41

| "MGR" = Manage | | • |
|--|---|--|
| MGR | | Kierra Pittman 1340 Timmons Road bunuy fi 82352 |
| | | 1340 TIMMONS ROAD |
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| effective date is liste ate of filing.) 3 If the date inserted ocument's effective d | d, the date must be specific and this block does not meet the ate on the Department of State | and cannot be more than five business days prior to or 90 days at applicable statutory filing requirements, this date will not be liste |
| neffective date is liste ate of filing.) Entithe date inserted locument's effective d | in this block does not meet the ate on the Department of State sions, if any, | applicable statutory filing requirements, this date will not be lister's records. |
| n effective date is listerate of filing.) 1 If the date inserted ocument's effective date. ICLE VI: Other province of the pro | in this block does not meet the ate on the Department of State sions, if any, Signature of a member of | applicable statutory filing requirements, this date will not be lister's records. |
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The name and address of each person authorized to manage and control the Limited Liability Company:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)