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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940 Fax Number : (516) 935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Lmall</b>	Address:	

## FLORIDA LIMITED LIABILITY CO. LX Luxury Cleaning LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LX Luxury Cleaning LLC  (Must end with 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 Address:	
(Must end with 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 Address:	
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The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:	
19643 Cypress Court East  Miami, FL 33015  19643 Cypress Court East  Miami, FL 33015	
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 canother business entity with an active Florida registration.)	)r
The name and the Florida street address of the registered agent are:	ت ت
Richard Arthur Kemeny	<del></del> -
Name	
2751 NE 183rd Street	
Florida street address (P.O. Box NOT acceptable)	:
Aventura FL 33160	<b>~</b> .
City Zip	=
Having been named as registered agent and to accept service of process for the above stated limited liability co the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perfo of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided Chapter 605 U.S  Registered Agent's Signature (REQUIRED)  Richard Arthur Kemeny (CONTINUED)	in this ormance

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	Vinanical Access
MGR	Xiomicel Acosta
	19643 Cypress Court East Miami, FL 33015
MGR	Lizmixell Batista
WON	19643 Cypress Court East
	Miami, FL 33015
MGR	Richard Kemeny
	2751 NE 183rd Street Apt 1214
	Avent, FL 33160
	<del> </del>
Use attachment if necessary)	
	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be filling.)	
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V: Effective date, if other than the dative date is listed, the date must be filling.)	
V: Effective date, if other than the dative date is listed, the date must be ifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be a filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a signature of a signature with section	specific and cannot be more than five business days prior to or 90

Page 2 of 2