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(City/State/Zip/Phone #	r)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates o	f Status
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COVER LETTER

	OOVER DELICE
	New Filing Section Division of Corporations
SUBJEC	r: <u>PowerHouse Janitonal Business</u> LLC Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Michael Smith II Name of Person
	Power House Janitorial Business LC
	825 Tucker st
	Address Tallahassee FL 32310 City/State and Zip Code Dig - Sm. Hh 539@ yahoo. com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Michael Smh II at (424) 303-3186 Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
Ø\$125.0	O Filing Fee S130.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) O Filing Fee S155.00 Filing Fee SCERTificate of Status SCERTificate of Status SCERTIFICATION (additional copy is enclosed)

Street Address

New Filing Section Division

2415 N. Monroe Street, Suite 810

The Centre of Tallahassee

Tallahassee, FL 32303

Mailing Address

P.O. Box 6327

New Filing Section Division of Corporations

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	ty Company is:			
	Power	House J	anitorial Bu	isiness II
(Must cont	ain the words "Limited Lia	bility Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal offic	ce of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Add	ress:
825 Tu	cker st		875 Tucker	 - st.
Tallahas	See FL 32.310		Tallahassee	FL 32310
The name and the Florida street a	825 Tu c Florida street address (F	chael Sna Herst To P.O. Box NOT ac	•	32310
	- Tallahass	ec H	<u> 323/0</u> _{Zip}	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	I hereby accept the appoint ovisions of all statutes relat	tment as registere ing to the proper	ed agent and agree to act and complete performan	in this capacity. I ce of my duties, and I
	Durahan	AVV5	/ (DECHINED)	
	Registered	a Agent s Signat	are (REQUIRED)	
	(•	CONTINUED)		

Title:	11.7	Name and Addre	<u>ss:</u>		
"AMBR" = Authorize "MGR" = Manager	d Member	λΛ. i : .	o 1		
MAR		Wichard	Smill II		
10		325 Tuck	1111 1h 11		
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ARTICLE IV-