Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Cor	porations		J
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From:			1881	1   2:
	Account Name	: ACCOUNTING PERFECT SOLUTIONS CORP	呈岩盆	$\sim$
	Account Number	: 120140000109	್ಲಿಕ್ಷವ	نب
	Phone	: (786)316-5772	777	ت
	Fax Number	: (786)549-5991		

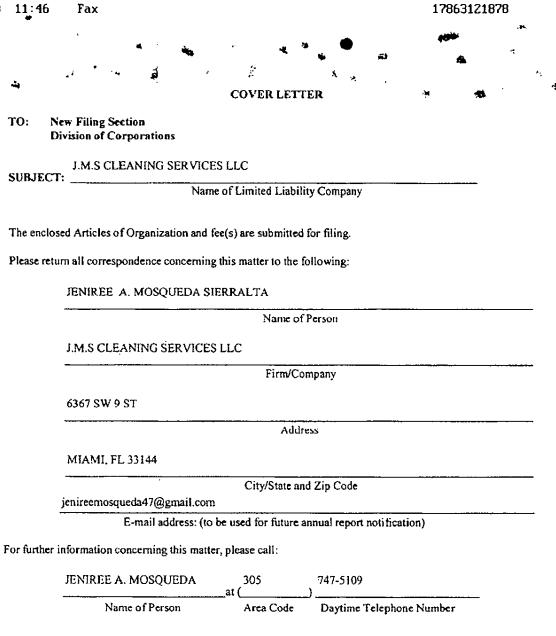
## FLORIDA LIMITED LIABILITY CO. J.H. S CLEANING SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Electronic Filing Menu Corporate Filing Menu

Help



Enclosed is a check for the following amount:

■\$125.00 Filing Fee

☐\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLOR	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
J.M.S CLEANING SERVICES LLC	
(Must contain the words "Limited Liabi	lity 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:
6367 SW 9 ST	6367 SW 9 ST
MIAMI, FL 33144	MIAMI, FL 33144
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or
The name and the Florida street address of the registered ager	nt are:
JENIREE A. MOSQUED	DA SIERRALTA
Na	

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..

Florida street address (P.O. Box NOT acceptable)

6367 SW 9 ST

City

MIAMI

, Jeniree Mosqueds Registered Agent's Signature (REOUIRED)

Zip

(CONTINUED)

attachment if necessary)  Effective date, if other than the date of filing edate is listed, the date must be specific ang.)  ate inserted in this block does not meet the seffective date on the Department of State: Other provisions, if any.	ENIREE A. MOSQUEDA SIERRALTA 167 SW 9 ST 1AMI, FL 33144
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PUIRED SIGNATURE:	nd cannot be more than five business days prior to or 9 c applicable statutory filing requirements, this date will no
- 4 Jenirae Mos	
- 1 Jeniree Flus	1
Signature of a member.	QUEQ 3  or an authorized representative of a member
I am aware that any false inform	ccordance with section 605.0203 (1) (b), Florida Statutes nation submitted in a document to the Department of State as provided for in \$ 817.155. F.S.
JENIREE A. MOSQUE	<u> </u>
	EDA SIERRALTA
	ed or printed name of signee
	EDA SIERRALTA Ed or printed name of signee  Filing Fees: