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Division of Corporations

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:

Amy Rose major
Arry major Cleaning 24 Hrs. WTMA LLC
10230 Vaughan Ave.
Hastings Florida 32145 City/State and Zip Code Anyloges blaine annual report notification)
= 5 man address. (to be used to ruttile annual report notification)

For further information concerning this matter, please call:

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee &

□\$155.00 Filing Fee & Certificate of Status Certified Copy

(additional copy is enclosed)

S160.00 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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amy Major Cleaning 24 HRS. WTMA "UC"

(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 Address:
1191 West King Street	10230 Vaudran
St. Augustine Plandu	Ave Hastines -
32084	E1000 33142

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 or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Name

10230 Jaugyan Ave

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

Hastings Florida 32 145

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\sim	
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