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Special Instructions to	Filing Officer	

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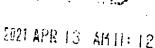
COVER LETTER

	ling Section n of Corporations
SUBJECT:	Name of Limited Liability Company LC Name of Limited Liability Company
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Lashana Martin Name of Person
A-1	Shine Stripping And Floor Waxing
150	OCO N MLK)r BIVd Address
	Tallanassee F1 32303 City/State and Zip Code
Ro	oderick dennis le gnail
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Ro	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	cck for the following amount:
□\$125.00 Filin	g Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Cadditional copy is enclosed (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



Mailing Address:

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY, LEADINGS SER. FE

A D	TΤ	C I	F. 1	I - Name:
/1 N		.		

The	יאנונים	of the	Limited	Liability	Company is:

Sout			
All Shine & Stripping	And	Floor Waxing	LLC
(Must contain the words "Limite	d 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:

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: Rodenck Dengis
Name
1500 N MIK Jr Blud
Florida street address (P.O. Box NOT acceptable)

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..

(CONTINUED)

itle: AMBR" = Authorized Member	Name and Address:
MGR" = Manager MGZ	Roderick Dennis 1500 N. N. X. Blud Tall Fl 32503
AMBR	Lashana Martin 15000 N MIK Jr Blvd Tall F1 32303
•	
	the date of filing: April Q Q . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than effice date is listed, the date mu filling.) he date inserted in this block donent's effective date on the Dep	es not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than effice date is listed, the date must filing.) he date inserted in this block donent's effective date on the Dep	es not meet the applicable statutory filing requirements, this date will no
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ctive date is listed, the date must filing.) the date inserted in this block do nent's effective date on the Dep VI: Other provisions, if any. REQUIRED SIGNATURE Signatur This document	pes not meet the applicable statutory filing requirements, this date will no artment of State's records.

ARTICLE IV-

5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)