Division of Corporations Electronic Filing Cover Sheet

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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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

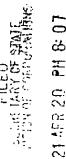
Email Address:			
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FLORIDA LIMITED LIABILITY CO. Ladies Diamond cleaning service LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	, company 10.			
Ladies Diamond clear				
(Must conta	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
940 W 77TH ST	940 W 77TH ST		940 W 77TH ST	
	HIALEAH, FL 33014		HIALEAH, FL 33014	
another business entity with an a	ctive Florida registratio	on.)	You must designate an indi	vidual or
another business entity with an a	ctive Florida registration address of the registered Northwest Registered 7901 4th St N STE 3	on.) I agent are: I Agent LLC Name		vidual or
another business entity with an a	ctive Florida registration address of the registered Northwest Registered	on.) I agent are: I Agent LLC Name		vidual or
another business entity with an a	ctive Florida registration address of the registered Northwest Registered 7901 4th St N STE 3	on.) I agent are: I Agent LLC Name		vidual or
(The Limited Liability Company another business entity with an a The name and the Florida street a	nddress of the registered Northwest Registered 7901 4th St N STE 3 Florida street addres	on.) I agent are: I Agent LLC Name 00 s (P.O. Box NOT ac	cceptable)	vidual or

(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	
AMBR	Chaquanda Lee
	940 W 77TH ST
	HIALEAH, FL 33014
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	nt of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	^
(Y) organ	
	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
l am aware that any fa	alse information submitted in a document to the Department of State
constitutes a third deg	gree felony as provided for in s.817.155, F.S.
Morgan Noble	
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)