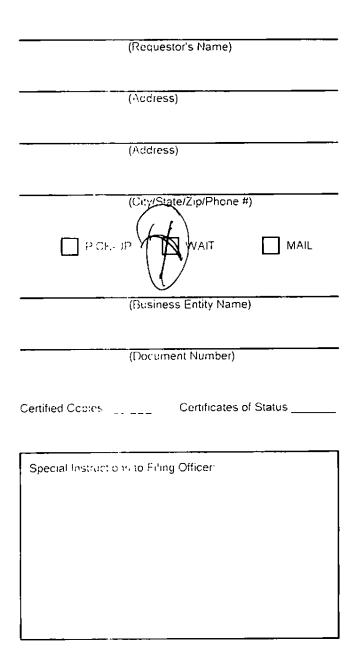
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COVER LETTER

		Breeze Cleaning Se	olution	LLC				
SUBJECT	Name of Limited Liability Company							
The enclos	ed Articles of	Organization and fe	e(s) are	e submitted	for filing.			
Please retu	rn all correspo	ondence concerning	his ma	tter to the f	ollowing:			
	Rodolfo Cara	aballo Saez						
		<u>-</u>		Name of	Person			
		·		Firm/Co	mpany			
	1622 Marcia	ave						
			_	Addr	ess			
	Tallahassee l	Florida 32310						
!	rsaezcuentas@	gmail.com	Ci	ity/State an	d Zip Code			
-	I	E-mail address: (to b	e used	for future a	nnual report notificati	on)		
For further in	nformation co	ncerning this matter.	please	call:				
	Rodolfo		\$5		528-0144			
	Nam	e of Person			Daytime Telephon	e Number		
Enclosed is	a check for th	ne 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				Street Address				

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	ty Company is:					
m u l						
	Tleaning Solution LLC ain the words "Limited I	Liability Company.	"L.L.C" or "LLC.")			
		,,,,,,,,,,,,,	,			
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:			
Princip		Mailing Addr	ess:			
1622 Marcia ave	1622	1622 Marcia ave				
Tallahassee, Florida	32310	Talla	hassee Florida 32310			
						
ARTICLE III - Registered Ag				dividual or		
(The Limited Liability Company another business entity with an			rou musi designate an inc	iividuai oi		
·	_					
The name and the Florida street	address of the registered	l agent are:				
		Name				
	1622 Marcia ave					
	Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)			
	Tallahassee	Florida	32310			
	City	State	Zip			
Having be a governed as usaistaned		ing of manager for the	above stated limited ligh	ilin company at the		
Having been named as registered in place designated in this certificate.						
further agree to comply with the pi	rovisions of all statutes re	lating to the proper	and complete performane	ce of my duties, and $I=$		
am familiar with and accept the ob	bligations of my position	as registered agent a	is provided for in Chapter	· 605, F.S.,		
	$\widehat{}$					
- Kalato Jan 3						
	Regist	ered Agent's Signat	ure (REQUIRED)			
		V		· #.		

(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 Membe	er
"MGR" = Manager	
<u>AMBR</u>	Rodolfo Saez 1622 Marcia ave
	Tallahassee, Florida 32310
	, unanadov. 1 (or rad 3237)
AMBR	Josefina Caraballo
THI DIC	1622 Marcia ave
	Tallahassee, Florida 32310
(Use attachment if necessary)	
ARTICLE V: Effective date, if other tha	in the date of filing: (OPTIONAL)
	nust be specific and cannot be more than five business days prior to or 90 days after
the date of filing.) Note: If the date incerted in this block.	does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the De	
the document's effective trace on the 19e	partition (a State 8 records.
ARTICLE VI: Other provisions, if any.	
	·
REQUIRED SIGNATURE:	
400	lato San
Signatur	re of a member or an authorized representative of a member.
	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
l am aware tha	it any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.
\sim	
_ K	odolfo Daez
	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)