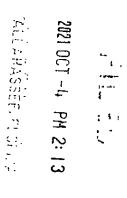
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Special Instructions to Filing Officer:		

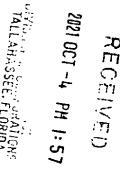
Office Use Only



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COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: Magda's House Cleaning Services LL (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:
Maria M. Pineda Name of Person
Magdas House Cleaning Services L.L.
3061 Pleasant CT.
Tallahassee Pl 32303 City/State and Zip Code Magdascleaning 79 @ 6-nail . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maris M. Brody at (850) 933 3/8/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □S155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite \$10Tallahassee, FL 32314Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nume: The name of the Limited Liability Company is:		
Magdas House Cleaning Services ILC (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:		
Mai Disacant Ct Same		
79/19495 e FC 32303		
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:	<u> </u>	20
Maria M. Pineda Name 3061 Pleasant Ct	LLAHASSEE, TO C	2021 OCT -4
3061 Pleasant Ct Florida street address (P.O. Box NOT acceptable)	25.C.	
Florida street address (P.O. Box 1.07 acceptator) Tallahissee Pl 32303 City State Zip	i Ot	PH 2:
City State Zip	:	$\overline{\omega}$

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 agen: as provided for in Chapter 605, F.S..

(CONTINUED)

ARTICLE IV- The name and a	ddress of each person authorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Au	thorized Member
"MGR" = Man	Ambl Maria M. Pineda 306) Pleasant Ct Falls hasse Pr 32303
	Amb/ Mariantit
-	7.116 hs (See Pt 37303
	1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
4	
<u></u>	
an effective date is date of filing.)	re date, if other than the date of filing: [Samuel (OPTIONAL)] Ilsted, the date must be specific and cannot be more than five business days prior to or 90 days a reed in this block does not meet the applicable statutory filing requirements, this date will not be listed to the Department of State's records.
TICLE VI: Other p	
	oran arene.
REQUIRE	D SIGNATURE:
	- Compliant
	Signature of a member or an authorized representative of a member.
	Signature of a member or an authorized representative of the Statutes. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Miss M. Rineda
	Maria M. Pineda Typed or printed name of signee
	<u>Filing Fees:</u> Filing Fee for Articles of Organization and Designation of Registered Agent

\$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)