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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

## FLORIDA LIMITED LIABILITY CO. LEON WINDOWS CLEANLINESS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
10819 NW 75T APT #24 MIAMIFL 33172
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limitea Liability) with an active Florida registration.)
Youn Arguelles Leon  10819 NW 751 APT # 24  Miami F1 33172
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  YOAN ARGUE!! C.S. LEON (AMBR)  ISMAR MARTINEZ ARGUE!! C.S. (AMBR)

## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)

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