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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.

Email Address:

記 3 5	FLORIDA LIMITED GF DEEP CLEANING		23 5 25
כריז	Certificate of Status	1	·
	Certified Copy	0	•
<u>.</u> .	Page Count	03	•
a ,	Estimated Charge	\$130.00	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
GF Deep cleaning technical LIC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
282 NE 54 th st apt. 4 Hami Floraa 33137
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite i Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Gleidy de 405 Angeles Terrainde Araque 282 NE 54 th. 5t apt 4 flami florida 33137
57 In 57 apt 4 Hiami Florida 33137 7
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
(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.3.

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..

Registered Agent's Signature (REQUIRED)