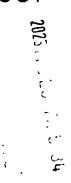
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Office Use Only



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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	CT: A 3 ST= Cleaning Services LIC
	- Same 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:

Atiya Lodman
Name of Person
A\$5,5 Cleaning Services LC
Firm/Cophpuny
3215 Mission Road
Address
Tallahassee, FL 32303
Tallahassee FL 32303 loamanatic ja @ Yahoo. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Atiya Lachran (448) 215-6674
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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 1 - Name:

the name of the Limited Liability Company is:
A \$5 J_ Cleaning Services UC (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: Mailing Address: Mailing Address:
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 mother business entity with an active Florida registration.)
he name and the Florida street address of the registered agent are: A HUA DOMAN Name 3215 MISSION POOL Florida street address (P.O. Box NOT acceptable) Tallanasso FL 32203 City State Zip
iving been named as registered agent and to accept service of process for the above stated limited liability company at the acceptage designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. It when agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and a tamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Registered Xgent's Signature (REQUIRED)
(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after Note: If the date inserted 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 Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNAPURE: Signature of a member or an authorized representative of a member. 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.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)