L98000002608

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

RE: Articles of Organization for Professional Touch Maid Service, L.C. (and checks)

Dear Registration Section:

Enclosed please find the Articles of Organization for Professional Touch Maid Service, L.C., one check (#0776; \$285.00) for the filing and registered agent fee, and one check (#0777; \$50.00) for the fictitious name.

Pursuant to your request, I may be reached at:

Scot D. Warner Grower, Ketcham, et al. 390 North Orange Ave., Suite 1900 Orlando, FL 32801 (407)423-9545

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Thank you for your assistance. If you have any questions, please do not hesitate to contact me.

Sincerely

Scot Worner

40V -5 PM 4: 30

Name
Availability

Document
Examiner

Undata
Verifyer

Acknowledgement

W. P. Verify

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Professional Touch Maid Service, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2097 Wembly Place Oviedo, FL 32765

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

5 years

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

FILED 98 NOV -5 PM 4: 3 SECRETARY OF STAI TALL AHASSEE, FLORE

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Sharon M. Gallagher Deborah Warner Scot 2097 Wembly Place 6112 Raleigh St. 1502 6112 Ral

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional members shall be added only by a unanimous vote of the members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Remaining members shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurence of any othe event which terminates the continued membership upon a unanimous vote of the existing members.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Pofes	ertifies:
1) the above named limited liability company has at least one member; 2) the total amount of cash contributed by the member(s) is	Suot Warner \$500. Deparah Warner \$500. Ssharon Gallagher FD
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	<u>\$ 1,000.00</u> .

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts ARTIAR STATE OF STATE OF

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Polestonal To	zuch
Maid Service, LC.	<u> </u>
2. The name and the Florida street address of the registered agent are:	-1 .0
Sharon M. Gallagher	FIL 98 NOV -5 SECRETAR TALLAHASS
2007 Wembly Place Florida street address (P. O. Box NOT ACCEPTABLE)	_ED 5 PM 4: 30 RY OF STATE SEE, FLORID
Ovicad FL 32765 CITY, STATE AND ZIP	30 TE

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.

Sharon M. Sallagher SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent