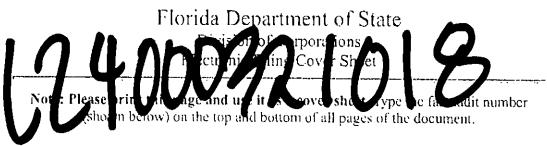
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

FLORIDA LIMITED LIABILITY CO. THE CLEANING JEEY LLC

Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

To:

The name of the Limited Liability Company is:

THE CLEANING JEEY LLC

(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:

13053284774

205 GOLDENROD LN POINCIANA ORLANDO, FL 34759

205 GOLDENROD LN POINCIANA ORLANDO, FL 34759

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:

JONATHAN DUARDO GOMEZ

Name

205 GOLDENROD EN POINCIANA

Florida street address (P.O. Box NOT acceptable)

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)

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| AMBR | JONATHAN DUARDO GOMEZ 205 GOLDENROD EN POINCIANA ORLANDO, FL 34759 |
| AMBR | YANNERYS CARHALLO RODRIGUEZ 205 GOLDENROD I.N POINCIANA ORLANDO, FL 34759 |
| | |
| | |
| | |
| (Use attachment if necessary) | • |
| effective date is listed, the date must be s ite of filing.) : If the date inserted in this block does not | te of filing: |
| ocument's effective date on the Departmer CLE VI: Other provisions, if any. | it of State's records, |
| | |
| | |

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.

JONATHAN DUARDO GOMEZ

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)