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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

SECRETARY OF STATE CORPORATIONS DIV

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

LG JANITORIAL SERVI					
(The name must conta	ain the words "limited partnership	or the letters and punct	uation *L.P.")		
The address of the specified office in this state where the records of the limited partnership shall be kept is:					
67 Lyon Street, Pawtucket, RI 02	1860				
3. The name and address of the specified agent for service of process is Pedro Lopes					
67 Lyon Street		Pawtucket	RI 0 2 860		
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)		
The name and business address of each general partner is:					
General Partner		Business	<u>Address</u>		
Pedro Lopes	67 Lyon St., Paw	ucket, RI 02860			
Maria G. Lopes	67 Lyon St., Paw	cucket, RI 02860			
			and the state of t		
	_				

The mailing address for the limited pa	rtnership is		St., Pawtucket, RI 02860		
		(Street Addre	ess)		
Pawtucket		Rhode Island	02860		
(City/Town)		(State)	(Zip Code)		

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BY D2191946

Form No. 300 Revised: 12/05

6.	Any other matters the partners determine	e to include herein:						
TO SECURE JANITORIAL AND RELATED SERVICE CONTRACTS AND FULFILL SAME. TO ASSUME SUB-CONTRACT								
FOR SIMILAR SERVICES. SERVICE JANITORIAL SERVICES ON BEHALF OF OTHER JANITORIAL SERVICE COMPANIES. TO SUBLET CONTRACTS TO OTHER COMPANIES LEGALLY ALLOWED TO OPERATE IN THE STATE OF RHODE ISLAND AND TO PERFORM ALL OTHER SERVICES ALLOWABLE BY GENERAL LAWS OF THE STATE OF RHODE ISLAND								
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_								
	(If additional sp	ace is required, please list on separate attachment.)						
		Linder people, of position that they declare and offices that they be						
		Under penalty of perjury, I/we declare and affirm that I/we hat examined this Certificate of Limited Partnership, including a	any					
		accompanying attachments, and that all statements contain herein are true and correct.	ıed					
Date	۵.	By Jedno Ore						
Jaie	<u>e. </u>	By Lewis The Control of the Control	_					
	MARCH 4, 2013	By MODIA LOSS	_					
	MARCH 4, 20/3 MARCH 4, 2013	Ву						
		Ву						
			_					
		BySignature(s) of all general partners named herein	_					



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

