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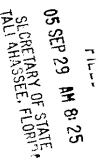
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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J. Shingus OCT 03 Miles

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Daniel Massimo Pressure Cleaning LCC. (Name 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:			
Danie Louis Massimo (Name of Person)			
Daniel Massimo Pressure Cleaning UC			
9764 Lamera Circle			
Boynton Beach Fl 33436 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Dan Massimo at (50) 369-2288 (Name of Person) at (50) 369-2288 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:	,		
\$125.00 Filing Fee \$	7		
STREET ADDRESS: MAILING ADDRESS:			

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Danie | Massimo Pressure Cleaning 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:

9764 Kamena Circle Same Boynton Beach F1 33486

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name

9764 Kamena Circle

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

City, State, and Zir

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 608, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
m6R	Daniel Massimo 9704 Kamena Grele Boynton Beh Fl 33486	
-		
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a member of	r an authorized representative of a member.	
(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	
Daniel	L Mussim O 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)

OS SEP 29 AM 8: 25