L12000000623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Effective Date 12/6/12

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 10 PM 4:17

JAN -2 2013

T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BOWMANATOR WINDOW CLEANING AND PRESSURE WASHING, "LLC."
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:

CLIFFORD BOWMAN
Name of Person

BOWMAN WINDOW CLEANING AND PRESSURE WASHING, "LLC."
Firm/Company

290 NIMROD CIRCLE
Address

NICEVILLE, FL. 32578
City/State and Zip Code

NONE
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLIFFORD BOWMAN at (850) 217-5161
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) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2012

CLIFFORD BOWMAN
290 NIMROD CIR
NICEVILLE, FL 32578

SUBJECT: BOMANATOR WINDOW CLEANING AND PRESSURE WASHING, LLC
Ref. Number: W12000061405

We have received your document for BOMANATOR WINDOW CLEANING AND PRESSURE WASHING, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 11, 2012. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00029318

Effective Date 12/6/17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BOMANATOR WINDOW CLEANING AND PRESSURE WASHING, LLC.
(Must end with 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:**
CLIFFORD BOWMAN 290 NIMROD CIRCLE NICEVILLE, FL 32578	CLIFFORD BOWMAN 290 NIMROD CIRCLE NICEVILLE, FL 32578

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:

CLIFFORD BOWMAN
Name

290 NIMROD CIRCLE
Florida street address (P.O. Box **NOT** acceptable)

NICEVILLE, FL 32578
City, State, and Zip

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 (REQUIRED)

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DIVISION OF CORPORATIONS
12 DEC 10 PM 4:17

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
"MGR"	CLIFFORD BOWMAN 290 NIMROD CIRCLE NICEVILLE, FL 32578

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: DEC. 6TH 2012 (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 the date of filing.)

REQUIRED SIGNATURE:

C L Bowman
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

CLIFFORD BOWMAN
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)

FILED
12 DEC 10 PM 4:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS