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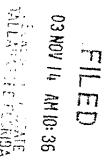
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HLW



TRANSMITTAL LETTER

	gistration Section vision of Corporations					
SURJECT:	Bloomingdale Painting & 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:						
	Tod C. Howard					
	(Name of Person)					
Bloomingdale Painting & Pressure Washing, LLC						
		(Firm/Company)				
4616	6 Oak River Circle					
		(Address)				
	Valrico, FL 33594					
(City/State and Zip Code)						
For further i	information concerning this matter, please	call:				
Tod C How	vard	at (_813)	654-5646			
	(Name of Person)	(Area Code	& Daytime Telephone Number)			

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: 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	y is:			
Bloomingdale Painting & Pressure Washing,	LLC			
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited L	iability Company is:		
Principal Office Address:	Mailing Address:	Mailing Address:		
4616 Oak River Circle Valrico FL 33594	4616 Oak River Circle	4616 Oak River Circle Valrico FL 33594		
ARTICLE III - Registered Agent, Registern The name and the Florida street address of the		s Signature:		
Tod C. Howard		2 m		
N	ame	\$ 7 F		
4616 Oak River Circle				
Florida street address	s (P.O. Box <u>NOT</u> acceptable)	AN IO: 36		
Valrico	FLORIDA 38594	8 3 S		
City, St	ate, 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (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				
MORIVI — Managing Member				
MGR	Tod C. Howard			
	4616 Oak River Circle			
	Valrico, FL 33594			

(Use attachment if necessary)				
(Obe diddinion if necessary)				
NOTE: An additional article must be	added if an effective date is requested.			
REQUIRED SIGNATURE:				
for Afrance	<u> </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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
Tod C. Howard	,			
	nted name of signee			

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)