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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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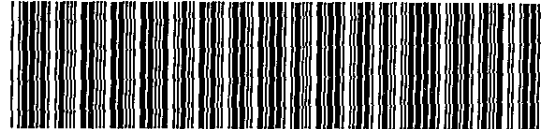
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L03-46978

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DIVISION OF CORPORATIONS
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Curb Appeal
Pressure Washing

November 17, 2003

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

To Whom It May Concern:

Please find the enclosed Transmittal Letter along with payment in the amount of \$125 for registration of LLC for Curb Appeal Pressure Washing.

Please feel free to contact me at (904)318-6569 should you have any questions or require additional information.

Regards,


Ernesto Menendez
(904)318-6569

Enclosures:

- (1) Transmittal Letter
- (2) Personal Check

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Curb Appeal 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:

Ernesto Menendez
(Name of Person)

Curb Appeal Pressure Washing, LLC
(Firm/Company)

P.O. Box 8202
(Address)

Fleming Island, FL 32006
(City/State and Zip Code)

For further information concerning this matter, please call:

Ernesto Menendez at (904) 318-6569
(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 is:

Curb Appeal Pressure Washing, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

599 Hawkes Island Dr

Green Cove Springs, FL 32043

Mailing Address:

P.O. Box 8202

Fleming Island FL 32006

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

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

Ernesto Menendez

Name

599 Hawkes Island Drive

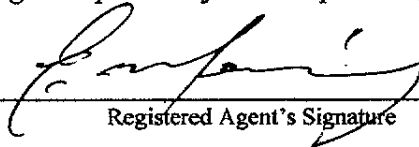
Florida street address (P.O. Box NOT acceptable)

Green Cove Springs, FLORIDA 32043

City, State, and Zip

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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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Ernesto Menendez

599 Hawkes Island Dr

Green Cove Springs, FL 32043

MGR

Evelyn Menendez

599 Hawkes Island Dr

Green Cove Springs, FL 32043

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Ernesto Menendez

Typed or printed 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)

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