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TRANSMITTAL LETTER

EFFECTIVE DATE

TO: Registration Section
Division of Corporations

SUBJECT: ABLE PRESSURE CLEANING, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[]\$125.00 Filing fee & Designation of Registered Agent [√]\$130.00 Filing Fee, Designation of Registered Agent, & Certificate of Status

[]\$160.00
Filing Fee, Designation of Registered Agent, Certified Copy Certificate States

Please return all correspondence concerning this matter to the following

MARSHALL E. BARTHOLOMEW 256 LAZY ACRES LANE LONGWOOD, FL 32750

For Further information concerning this matter, please call: MARSMALLER. BARTHOLOMEW at 407-339-5307.

Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Mailing Address:

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

ARTICLES OF ORGANIZATION

EFFECTIVE DATE

OF

ABLE PRESSURE CLEANING, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: ABLE PRESSURE CLEANING, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 256 LAZY ACRES LANE, LONGWOOD, FL 32750. Ξ

ARTICLE III - REGISTERED AGENT

The registered agent of this corporation shall be:

NAME – ADDRESS

MARSHALL E. BARTHOLOMEW 256 LAZY ACRES LANE LONGWOOD, FL 32750

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.

MARSHALL E. BARTHOLOMEN

ARTICLE IV - MANAGEMENT

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

Title:

Name and Address:

President:

MARSHALL E. BARTHOLOMEW 256 LAZY ACRES LANE LONGWOOD, FL 32750

Secretary:

MARSHALL E. BARTHOLOMEW 256 LAZY ACRES LANE LONGWOOD, FL 32750

Treasurer:

MARSHALL E. BARTHOLOMEW 256 LAZY ACRES LANE LONGWOOD, FL 32750

ARTICLE	v	_	EFFECTIVE	DATE
	v		Trrict An	DAID

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.)

Marshall E. Bartholomen 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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acknowledged and filed the fo	have hereunto set our hands and seals, regoing Limited Liability Company under the this
	MARSHALL E. BARTHOLOMEW
STATE OF FLORIDA) COUNTY OF SEMINOLE)	
OI PROMINICA ZUNI, S	was acknowledged before me this 3rd day by MARSHALL E. BARTHOLOMEW, who is personally ced driver's license as identification and 434-545-43-425-0
KELLY KIRKPATRICK Notary Public, State of Florida My comm. expires Agril 22, 2007 No. DD 205382 Bonded thru Ashton Agency, Inc. (800)451-4854	Notary Public, State of Florida At Large
	My Commission Expires:
Process for the above-stated hereby accept the appointmen this capacity. I further ag statutes relating to the pro	egistered Agent and to accept Service of company at the place designated herein. I t as Registered Agent and agree to act in ree to comply with the provisions of all per and complete performance of my duties, accept the obligations of my position as
	MARSHALL E. BARTHOLOMEW
	DATE: 2-3-04