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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W04-24418

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aquarius Pressure Cleaning
(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:

Chad Eckert
(Name of Person)

Aquarius Pressure Cleaning
(Firm/Company)

3400 Gardens East Dr Unit 6B
(Address)

Palm Beach Gardens/FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

Chad Eckert at (561) 799-2041
(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 24, 2004

CHAD ECKERT
AQUARIUS PRESSURE CLEANING
3400 GARDENS EAST DR. UNIT 6B
PALM BEACH GARDENS, FL 33410

SUBJECT: AQUARIUS PRESSURE CLEANING
Ref. Number: W04000024418

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return 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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 804A00041764

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aquarius 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:

3400 Gardens East Dr.
Unit 6B
Palm Beach Gardens, FL 33410

Mailing Address:

~~3400 Gardens East Dr.~~
~~Unit 6B~~ P.O. Box 540052
~~Palm Beach Gardens, FL 33410~~
Lake Worth, FL 33454-0052

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

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

Chad Eckert
Name

3400 Gardens East Dr. Unit 6B
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens FL 33410
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, Florida Statutes..

Chad Eckert
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

Chad Eckert
3400 Gardens East Dr. Unit 6B
Palm Beach Gardens, FL 33410

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Chad Eckert
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.)

Chad Eckert
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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