

050000 36057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

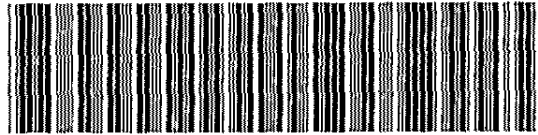
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300049169433

04/12/05--01012--024 **125.00

FILED

05 APR 12 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/13/05
MS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATHAN'S PRESSURE WASHING L.L.C.
(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:

NATHAN RYAN
(Name of Person)

NATHAN'S PRESSURE WASHING L.L.C.
(Firm/Company)

2145 BROOKE RD. N
(Address)

FT. MEADE FL 33841
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 12 AM 11:41

FILED

For further information concerning this matter, please call:

NATHAN RYAN at (863) 344-0033
(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)

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

W05-13121

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATHAN'S PRESSURE WASHING L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2145 BROOKE RD.
FT. MEADE FL 33841

2145 BROOKE RD
FT. MEADE FL 33841

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

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


NATHAN RYAN
Name
2145 BROOKE RD
Florida street address (P.O. Box NOT acceptable)
FT. MEADE FL 33841
City, State, and Zip

SECRET
TALLAHASSEE, FLORIDA

05 APR 12 AM 11:41

FILED

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

(CONTINUED)

Page 1 of 2

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

NATHAN RYAN
2145 BROOKS RD.
FT. MEADE FL 33841

MGRM

JESSICA HAMMOND
2145 BROOKS RD
FT. MEADE FL 33841

(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.)

NATHAN RYAN

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 12 AM 11:41

FILED