

L05000050906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

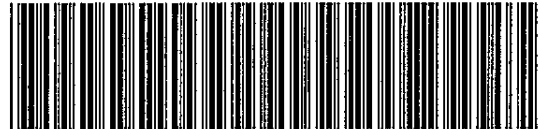
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W05-23106

2848

Office Use Only



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05/03/05--01017--022 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 13 PM 1:51

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 6, 2005

ZANE PATRICK PAVELKA
1425 S.E. 16TH STREET
CAPE CORAL, FL 33990

SUBJECT: RESTORATION PRO'S POWER WASHING AND STAINING
Ref. Number: W05000023106

We have received your document for RESTORATION PRO'S POWER WASHING AND STAINING 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 contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 405A00032

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESTORATION PRO'S POWER WASHING AND STAINING
(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:

ZANE PATRICK PAVELKA

(Name of Person)

RESTORATION PRO'S POWER WASHING AND STAINING
(Firm/Company)

1425 S.E. 16TH STREET

(Address)

CAPE CORAL, FLORIDA 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

ZANE PAVELKA

(Name of Person)

at (239) 872-8561

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESTORATION PRO'S POWER WASHING AND STAINING 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:

1425 S.E. 16TH STREET
CAPE CORAL, FLORIDA 33990

Mailing Address:

1425 S.E. 16TH STREET
CAPE CORAL, FLORIDA 33990

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

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

ZANE PAVELKA

Name

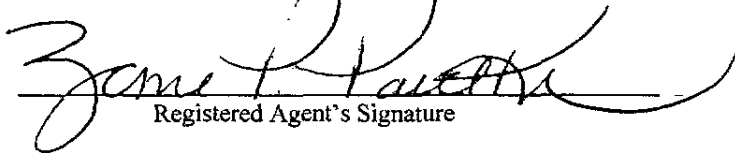
1425 S.E. 16TH STREET

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

CAPE CORAL, FLORIDA 33990 FL

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, F.S..


Registered Agent's Signature

(CONTINUED)

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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 _____

ZANE PAVELKA

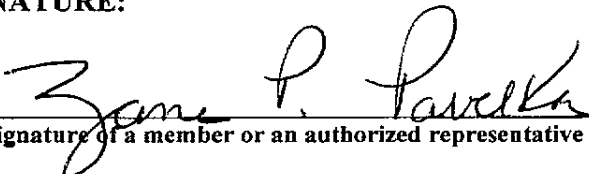
1425 S.E. 16TH STREET

CAPE CORAL, FLORIDA 33990

(Use attachment if necessary)

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

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.)

ZANE P. PAVELKA

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)

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TALLAHASSEE, FLORIDA

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