1050000 59813

(Re	equestor's Name)	
(Ac	ddress)	
(Āc	ldress)	-
(0)	ty/State/Zip/Phone	
(CI	ty/State/Zip/Prione	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		WILL
<u> </u>	Office Use Onl	CIIIST



500055881035

06/10/05--01018--005 **125.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Accept Prosure (Jeaning & Mobile De (Name of Limited Liability Company)	of ailing, LLL
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
Accent pressure Cleaning & Mobile Detail	ling, CEP
2035 Winterset Drive (Address)	
Cakeland, Fl 33813 (City/State and Zip Code)	FILED SECRETATIV OF STATE SECRETATIV SE
For further information concerning this matter, please call: Conda Stephens at (863) 709-1481 Content (Name of Person) (Area Code & Daytime Telephone Number)	AMII: 19
(Name of Person) (Mea Code & Dayline receptoric Number)	
Enclosed is a check for the following amount:	
\$\frac{1}{2}\$125.00 Filing Fee \(\begin{array}{c} \begin{array}{c} \left\ 130.00 Filing Fee \(\text{Certificate of Status} \end{array} \) Certified Copy (additional copy is enclosed) (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

FILE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

**Accent Pressure Cleaning & Mobile Defailing, LLC

**ARTICLE II - Address:

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

Principal Office Address:

2035 Winterset Dr. Same
Lukeland, Fl 338/3

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

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

ARTICLE I - Name:

Name

Name

2035 Winkerself St.

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

(akeland, FL 338/3

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)

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

	J		
Title: "MGR" = Manag "MGRM" = Mar		Name and Address:	
MERM	· · · · · · · · · · · · · · · · · · ·	Kent Stephens 3035 Winterset D. Lakeland, El 33	
MGRM		Eric Jones 2035 Winkersex D Lakeland, Fl 338	<u></u>
MGR	, <u>-</u>	Linda Stephens 2035 Winterset M. Lakeland, F.1. 338.	
	 ,		
(Use attachment	if necessary)		
NOTE: An add	litional article must be	added if an effective date is requested.	o.
REQUIRED SI	GNATURE:		OS JUN 10 SECRETARI FALLAHASS
	R	then	る。
	Signature of a member of	r an authorized representative of a member.	T9 =
	(In accordance with section of this document constitute that the facts stated here.	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	AN II: 19 SEE FLORIDA
	(Inda	Stechens	
	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)

Page 2 of 2

Article V - Effective date of LLC