

LOS000067368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

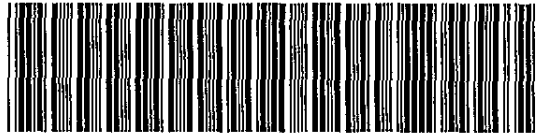
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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REC'D JUL-5 PM 1:25  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

LOS-67368  
OK

RECEIVED DATE  
7-1-05

# Burns Pressure Washing, LLC

P.O. Box 231

Holt, Florida 32564

(850) 537-1978

June 28, 2005

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

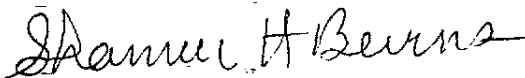
Re: Articles of Organization  
Burns Pressure Washing, LLC

Dear Sir or Madam:

Enclosed are the original and one copy of the Articles of Organization of Burns Pressure Washing, LLC. A money order in the amount of \$160.00 is also enclosed for the cost of filing.

Thank you for your courtesy in this matter.

Sincerely,



Shannon H. Burns  
MGR

SHB  
Enclosures

FILED  
JUN 29 3 11:25 PM  
TALLAHASSEE, FL  
DIVISION OF STATE  
CORPORATIONS

**Articles of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:  
BURNS PRESSURE WASHING, LLC

**Article II**

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

4785 GALLIVER CUT-OFF  
HOLT, FLORIDA 32564

The mailing address of the Limited Liability Company is:

P.O. BOX 231  
HOLT, FLORIDA 32564

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

SHANNON H. BURNS  
4785 GALLIVER CUT-OFF  
HOLT, FLORIDA 32564

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.

Registered Agent Signature: Shannon H Burns

2005 JUL -5 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FL  
EFFECTIVE DATE  
7-1-05

### **Article V**

The name and address of managing members/managers are:

Title: MGR

SHANNON H. BURNS

4785 GALLIVER CUT-OFF

HOLT, FLORIDA 32564

### **Article VI**

The effective date for this Limited Liability Company shall be:

July 1, 2005

Signature of member or an authorized representative of a member

Signature: Shannon H Burns

(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.)

SHANNON H. BURNS

FILED  
2005 JUL -5 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA