

LOS000089011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

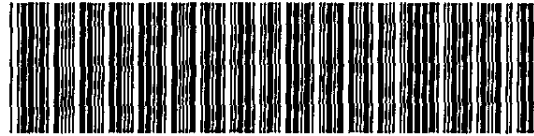
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE
FLORIDA

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COVER LETTER

Registration Section
Division of Corporations

Washed Up Pressure Washing, LLC
(Name of Limited Liability Company)

Articles of Organization and fee(s) are submitted for filing.

For further correspondence concerning this matter to the following:

Chad Edward Medley
(Name of Person)

Washed Up Pressure Washing, LLC
(Firm/Company)

6850 Hwy 71
(Address)

White City, Florida 32465
(City/State and Zip Code)

For further information concerning this matter, please call:

Chad Edward Medley at (850) 340-0672 or 850-827-1865
(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE OF FLORIDA

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ARTICLE I OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Washed Up Pressure Washing, LLC

(The name must contain the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

6850 Hwy 71
White City, Florida 32465

Mailing Address:

6850 Hwy 71
White City, Florida 32465

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another entity with an active Florida registration.)

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

Chad Edward Medley

Name

6850 Hwy 71

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

White City, FL 32465

City, State, and Zip

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SEC. OF STATE
TALLAHASSEE, FLORIDA

I have 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 understand the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Chad Edward Medley
Registered Agent's Signature (REQUIRED)

(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
 Managing Member

Name and Address:

MGR

Chad Edward Medley
6850 Hwy 71
White City, Florida 32465

(Use punchment if necessary)

ARTICLE V- Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

REQUIRED SIGNATURE:

Chad Edward Medley
 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 Edward Medley
 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)
- \$20.00 Certificate of Status (Optional)

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 TALLAHASSEE
 FLORIDA
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