

LO5000096740

Victor Manuel Quiles
39529 Kennedy Ave
Pensacola FL 33542-4676

(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



100059982231

09/29/05--01029--024 **160.00

FILED
05 SEP 29 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Shivers OCT 03 2005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Manuel Quiles Pressure Washing LLC

ARTICLE II - Address:

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

Principal Office Address:

39529 Kennedy Ave
Zephyrhills, Florida
33542-4676

Mailing Address:

SAME

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

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

Victe Manuel Quiles
Name

39529 Kennedy Ave
Florida street address (P.O. Box NOT acceptable)

Zephyrhills, FL 33542-4676
City, State, and Zip

05 SEP 29 AM 7:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

x 
Registered Agent's Signature

(CONTINUED)

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:

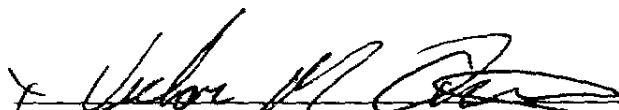
MGR

Victor Manuel Quiles
39529 Kennedy Ave
Zephyrhills, FL 33542-4676

(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.)

Victor Manuel Quiles
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)

FILED
05 SEP 29 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA