

# L06000016070

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000038679 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

RECEIVED  
06 FEB 13 AM 10:20  
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

L.P. PRESSURE CLEANING CONNECTION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

06 FEB 13 AM 9:59  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

02/14/06

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

L.P. PRESSURE CLEANING CONNECTION, LLC

**ARTICLE II – Address:**

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

443 ROSELAND DRIVE  
WEST PALM BEACH, FL. 33405

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

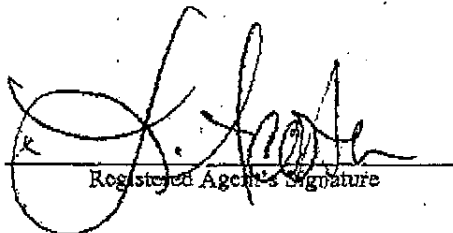
The name and the Florida street address of the registered agent are:

LARRY ACOSTA  
Name

443 ROSELAND DRIVE  
Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH, FL 33405  
City, State, and Zip

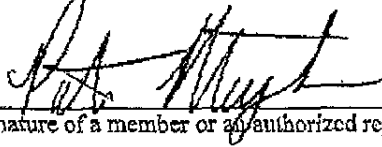
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as register agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

**FILED**  
06 FEB 13 AM 9:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV – Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, Therefore, a manager – managed company.

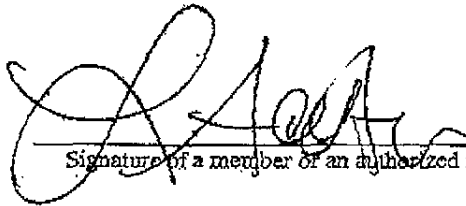


Signature of a member or an authorized representative of a member.

(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.)

PETER H. MEIGHAN

Typed or printed name of signee



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.)

LARRY ACOSTA

Typed or printed name of signee

**FILED**  
06 FEB 13 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA