L00000049652

(Req	uestor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
Rue	iness Entity Nan	ne)
(Dua	moss Endty Man	ney
()00	ument Number)	
	and the contract of	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		1
		}

Office Use Only



700073877917

U5/04/05 -01035 -012 **150.10

04 15 HV 1- AVH 90

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: R. KEITH CONCRETE PRESSURE CLEANING, LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT KEITH (Name of Person) R. KEITH CONCRETE PRESSURE CLEANING (Firm/Company) 851 DARWIN DRIVE (Address) **ALTAMONTE SPRINGS, FL 32701** (City/State and Zip Code) For further information concerning this matter, please call: ROBERT KEITH (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$125.00 Filing Fee \$\int \$130.00 Filing Fee & \$155.00 Filing Fee & ✓ \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Addr				0	
The mailing address a	nd street address of th	ie pri	ncipal office of the Limited Liability	/ Company	y 18:
Principal Office Add	lress:		Mailing Address:		
851 Darwin Dr. Altamo	inte Spring,Fl 32701		851 Darwin Dr.Altamonte Springs,FL	32701	
		°€			
			Office, & Registered Agent's Sign		
(The Limited Liability Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with a name and the floring Compusines	oany cannot serve as its own to be Florida registration.)	Registe	ered Agent. You must designate an individual or	another 06 HAY	13 051516 (3 6.35
(The Limited Liability Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with an activate name and the Floring Compusiness entity with a name and the floring Compusines	oany cannot serve as its own ve Florida registration.) rida street address of OBERT KEITH	Registe	ered Agent. You must designate an individual or	another	O 301 OSUSIA ANVESTICIS

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.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 MGR Robert Keith 851 Darwin Drive Altamonte Springs, FL 32701 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: NA (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

ROBERT KEITH

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)

04 :5 11V 1- AVN 90