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SECRETARY OF STATE
ALLAHASSEE. FLORID

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COVER LETTER

TO: Registration Section Division of Corporations (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: For further information concerning this matter, please call: (Area Code & Daytime Telephone Num! Enclosed is a check for the following amount: ρ \$160.00 Hing Re, ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kay Cruz Pressure washing and po (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
5130 conk's Rd.	5130 cook's Rd.
Tallahagsee, Fl.	Tallahasser, Fl.
32305	32305

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 business entity with an active Florida registration.)

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

Ray Cruz	SEC FALL	
Name		
5130 cook's Rd.	.31 TARY ASSE	(jacons)
Florida street address (P.O. Box NOT acceptable)		
Tallahasseer 32305	FS F	
City, State, and Zip	RID OS	

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..

(CONTINUED)

77.41	Name and Adding
<u>Fitle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
MGRM	Pay Cryz 6130 Cooks Rd. Tallahassee, 71. 32305
1GRM	Carrie Cniz 5130 cook's Rd. Tallahassee, Fl. 32305
Use attachment if necessary)	
LE V: Effective date, if other than th	ne date of filing: (OPTI st be specific and cannot be more than five but
or 90 days after the date of filing.)	
or 90 days after the date of filing.) REQUIRED SIGNATURE:	SECRE TARY TALLAHASSE
or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	ber or an abeliarized representative of a member of section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjurgh

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)