L06000111544

(Requestor's Name)
(Address)
(Address)
,
(City/Chate City/Change 46)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine (California))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700081811447

11/16/06--01033--026 **125.00

SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: South		nd Pressure Clean ad Liability Company)	ing, LLC
	of Organization and fee(s) are so	•	
		or to the following.	
Louis J	. Cotoia	Name of Person)	
South L	ocust Painting ar	nd Pressure Clear	ning, LLC 86 16
4100 N	JW 107th Avenu	e	. 5
		(Address)	
Coral S	Springs, Florida	33065	
		/State and Zip Code)	
Louis J. Coto	ia of Person)	at (954 44 Area Code & Daytime T	4-3155 elephone Number)
Enclosed is a check for	or the following amount:		
€ <mark>⊠</mark> \$125\$00æilingsFcê	\$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle
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7. · 			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Comp	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
	of the principal office of the Limited Liability Company is	:* '
Principal Office Address:	Mailing Address:	
4100 NW 107th Avenue	4100 NW 107th Avenue 의 무실	<u>r</u>
Coral Springs, FL 33065	4100 NW 107th Avenue 8 755 Coral Springs, FL 33065	CPA CPA
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it	10.00	THE STATE OF
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	ERY OF SIATIONS
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:	CARP SHATIONS
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:	CARP OF STATIONS
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.) The name and the Florida street address Louis J.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Cotolia	TARY OF STATIONS
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.) The name and the Florida street address Louis J. 4100 N	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another s of the registered agent are: Cotoia Name	TARY OF STATIONS
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.) The name and the Florida street address Louis J. 4100 N	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Cotoia Name V 107th Avenue a street address (P.O. Box NOT acceptable)	TRY OF STATIONS

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.

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Louis J. Cotoia 4100 NW 107th Avenue Coral Springs, FL 33065 (Use attachment 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 or 90 days after the date of filing.) **REQUIRED SIGNATURE:** ignature 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.) Typed or printed name of signee Filing Fees:

Page 2 of 2

4\$125100 Eiling Feetfor Articles of Organization and Designation

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