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SECHETARY OF STATE DIVISION OF CORPORATIONS

07 APR 19 PH 2: 46



COVER LETTER

TO:

TO:	Registration Division of C					
SUBJI	ECT: <u>Tacti</u>	cal Pressure Washing (Name of Limite	<u>8 Painting,</u> ed Liability Compan	<u>LCC</u> y)		
The en	sclosed Articles	of Organization and fee(s) are s	submitted for filing.			
Please	return all corre	spondence concerning this matte	er to the following:			
	James_	C. Farl III	(Name of Person)			
	Tactic	al Pressure Washing	<u>& Painting</u> , (Firm/Company)	CC		OIVISIO
	Post C	office Box 931	(Address)	·		OT APR 19 P
	Bellvi	ew, Florida 34421 (City	//State and Zip Code)			07 APR 19 PH 2: 46
For fur	ther informatio	n concerning this matter, please	call:			
		C. Earl III ne of Person)	at (352) (Area Code	347 - 8 & Daytime Te	384 Elephone Number)	
Enclos	sed is a check	for the following amount:				
\$125	5.00 Filing Fe	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Copy (additional copy is	ng Fee &	\$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	Registration Division of Clifton But 2661 Exec	Corporation	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	07 MT 15	FILED STATE IS SECRETARY OF STATE IS SECRETARY OF STATE IS A SECRETARY OF STATE IS SECRETARY OF SEC
	Y or their abbreviation "LLC," or "L.C.,")	CORPORATI CORPORATI
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Compar	14 6 15 15 15 15 15 15 15 15 15 15 15 15 15
Principal Office Address: Mailin	ng Address:	
30 Juniper Pass Trail Post	tical Pressure Washing & Paint Office Box 931 Lview, Florida 34421 & Registered Agent's Signature: I. You must designate an individual or another	ting,LCC
The name and the Florida street address of the registered James C. Earl III Name	d agent are:	FECTIVE DATE
30 Juniper Pass Trail, Oc Florida street address (P.O Ocala FL City, State, and Zip		
Having been named as registered agent and to accept se		

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..

James C. Earl III

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
Manager	James C. Earl III 30 Juniper Pass Trail Ocala, Florida 34480
N/A	N/A
•	
(Use attachment if necessary) LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: _ April 17, 2007 (OPTIONA) must be specific and cannot be more than five business day.
	:
REQUIRED SIGNATURE:	
Signature of (In accordance of this document)	Earl III / Cameria and another ized representative of a member. The with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cats stated herein are true.)

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)