L07000114269

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

Office Use Only



100112155541

11/09/07--01051--005 **160.00

DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MIMO'S PRESSURE Cleaning Co. (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:
Fogal Guella (Name of Person)
Mino's PRESSURe Cleaning Co. (Firm/Company)
27330 DORTCH Ave.
BONITA SPRINGS TU 34135 (City/State and Zip Code)
For further information concerning this matter, please call:
Edgar Guerra at (239) 287 4060 28 AFF
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Mimo's PRESSURE (Must end with the words "Limited Liability C	Cleaning LLC. Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	sipal office of the Limited Liability Company is:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:		
27330 DORTCH AVE BONITA SPRINGS, FIJHISS	20601 PINETREE	<u>ل</u> یں - -	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or anot	her 0 7	31A10
The name and the Florida street address of the re	egistered agent are:	6 AON	FILE FILE
27330 OoRT	CLL AVQ ress (P.O. Box NOT acceptable)	PM 2: (D OF STATI RPORATI

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..

BONITA SPRINGS, FL City, State, and Zip

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQURED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGKM = Managing Member	GORR GUERRA D27330 DORTCH AVE. BONITA SPRINGS, FL34135
MGRM	Civilledmo Rui 20601 Pinc-réce in. Estero II 33928
•	01VIS
	NOV -9 P
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAGE) ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	1 Color than to mamber
th accordance with section of this document constitutes that the facts stated herein	an authorized representative of a member. 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.) CRRA 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)