

L070000118087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

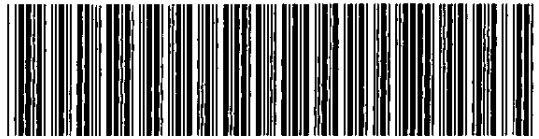
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100112454291

11/26/07--01017--020 **130.00

Effective Date

11/16/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 26 PM 12:08

T. Hampton NOV 27 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATER WORKS PRESSURE WASHING, 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:

SHAUN FERGUSON
(Name of Person)

WATER WORKS PRESSURE WASHING, LLC
(Firm/Company)

6871 PALISADES PARK COURT SUITE 1
(Address)

FORT MYERS, FL 33912
(City/State and Zip Code)

For further information concerning this matter, please call:

SHAUN FERGUSON at (239) 274-0600
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Effective Date 11/16/07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WATER WORKS PRESSURE WASHING, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6821 PALISADES PARK CT
SUITE 1
FT. MYERS, FL 33912

SAME

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:

SHAWN FERGUSON
Name

6821 PALISADES PARK CT, STE 1
Florida street address (P.O. Box **NOT** acceptable)

FT. MYERS, FL 33912
City, State, and Zip

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.

Shawn Ferguson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
07 NOV 26 PM 12:08

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

Name and Address:

MGRM

SHAWN FERGUSON
6821 PALISADES PARK CT. STE 1
FORT MYERS, FL 33912

MGRM

MARK NORTROP
6821 PALISADES PARK CT. STE 1
FORT MYERS, FL 33912

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/16/07 (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.)

SHAWN FERGUSON
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)