108000029464

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

Office Use Only



900118892519

03/24/08--01011--010 **155.00

SECRETARY OF STATE TO THE STATE OF FILE

D DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section Division of Corporat	tions		·	
SUBJECT:	(Name of Limited	Liability Company)	Pressure u	Jashin
The enclosed Articles of Organ				
Please return all correspondence	The	to the following: Multiple States of Person)		
1565 J	Bernara	(Address) (Address) State and Zip Code)	1 7 SEE. OF PH	EAD IN
For further information concern	ning this matter, please c	all:	STATE FLOR	2
Randy The (Name of Person	mus i	at (<u>#50)</u> <u>£ 7 2</u> (Area Code & Daytime Tele	-1/37	•
Enclosed is a check for the f	ollowing amount:	•		
\$125.00 Filing Fee \$13 Cer	30.00 Filing Fee & Catificate 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)	
Regi	ling Address stration Section sion of Corporations	Street/Courier Address Registration Section Division of Corporations		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Must end with the words "Umited Liability	1 Pressure was	thing L
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	SEC SEC
1565 Bernard Johnson Rd. Perry FIA 32347	same 3	R 21 P
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
1565 Bernard Florida street addr	Tonnson Adr ress (P.O. Box NOT acceptable)	
y City, State, at	iiu zip	11:

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.

Registere Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member "MGRM" = Managing Member "MGRM" = Managing Member "More and Address: "MGRM" = Managing Member "More and Address: "More and Address

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

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.)

Typed or printed name of sign

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)