L08000107029

(Requestor's Name)
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PICK-UP WAIT MAIL
(Dusings Estity Name)
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
SYNISION OF CORPORATION

J. BRYAN NOV 1 8 2008

EXAMINER

COVER LETTER

TO: Registration Division of C			•
SUBJECT: SHA	WN & JOE'S WII	NDOW CLEANIN	G, LLC
	(Name of Limite	d Liability Company)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	8
ERIC B.	BREVER		08 HOV 17
	(Name of Person)	12 P2
FOSTE	R & BREVER, PI	LLC	17 PH 3: 23
		(Firm/Company)	23
2812 A	NTHONY LANE	S #200	
		(Address)	
MINNE	APOLIS, MN 554		
	(City	/State and Zip Code)	
For further information	n concerning this matter, please	call:	,
ERIC B. BR	EVER	at (612) 436-32	94
(Nan	ne of Person)	(Area Code & Daytime Tel	ephone 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 C Tallahassee, FL 32301	

ARTICLE I - Name: The name of the Limited Liability Company is: SHAWN & JOE'S WINDOW CLEANING, 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:
712 Shadow Lake Lane	Naples, FL 34108

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:

TMP FINANCIAL, INC.
Name
712 Shadow Lake Lane
Florida street address (P.O. Box NOT acceptable)
Naples, FL 34108 _{FL}
City State and Zin

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:

MGR	JOSEPH ANTONELLO	
	9873 55TH ST N	
	LAKE ELMO, MN 55042	<u></u>
MGR	SHAWN EMERSON	
·	5154 RIDGE ROAD	
	BIG LAKE, MN 55309	
(Use attachment if necessary)		
	he date of filing:	(ODTIONA)

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.)

ERIC B. BREVER

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)

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