## L080000/17/03

Office Use Only



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DEC 29 2008

**EXAMINER** 

08 DEC 29 PM 1: 35

OR DEC 29 PM 1:39
SECRETARY OF STATE

## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJ	ECT: ALLEN'S PRO-CL (Name of Li	EAN PRESSURE WASHING LL mited Liability Company)	
The er	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	JAMES O. ALLEN JR	(Name of Person)	
	ALLEN'S PRO-CLEAN	PRESSURE WASHING LLC (Firm/Company)	
	1956 COLLINS LANDI	NG ROND (Address)	
	TALLAHARSEK, FL.	City/State and Zip Code)	
For fu	rther information concerning this matter, ple	ease call:	
JAN	(Name of Person)	at (850) 574 - 6285 (Area Code & Daytime Telephone Number)	
Enclo	sed is a check for the following amount		
□\$125	.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	& \$\sumsymbol{\sum}\symbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sum}\symbol{\sum}\simbol{\sim}\simbol{\sim}\simbol{\simbol{\simbol{\simbol{\sinq}\simbol{\sum}\simbol{\sim}\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\sinq}\	tus &
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	08 DEC 29 1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Limited Liability Company is.	
ALLEN'S PRO-CLEAN PRESSURE WAS (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1956 COLLING LANDING Rd.	SAME
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 another
The name and the Florida street address of the re	gistered agent are:
JAMES O. ALLEN Name	JR.
	ress (P.O. Box NOT acceptable)  FL 32310  nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608 F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s)	ARTICLE	IV- Manager(s)	or Managing Member(s	:(:
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The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>"MGRM</u>	LINDA SUZAN ALLEN 1956 COLLING LANDING RA TALL FL. 32810
MGRM	JAMES O. ALLEN Ja. 1956 COLLINS LANDING Rd. TALL FL. 32310
<u>"MGRM</u>	JAMES O. ALLEN JII 1932 COLLINS LANDING RO. TALL FL. 32810
<del></del> .	
(Use attachment if necessary)	
	the date of filing: The DI - DS (OPTIONAL) the specific and cannot be more than five business days prior
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.)

James of Aller

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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