

L0900000/2402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

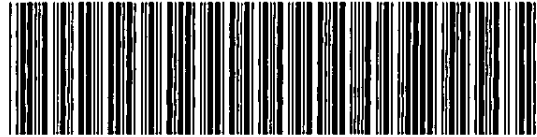
Special Instructions to Filing Officer:

W00A-3840
A. LUNT

FEB - 6 2009

EXAMINER

Office Use Only



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01/23/09--01040--004 **130.00

2009 FEB -5 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2009

SZILVIA FARKAS
6921 MANNA LOA BLVD.
SARASOTA, FL 34241

SUBJECT: MANATEE CLEANING LLC
Ref. Number: W09000003840

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for MANATEE CLEANING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 309A00002732

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MANATEE WINDOW AND PRESSURE CLEANING 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:

ATTILA KOKAVECZ
(Name of Person)

(Firm/Company)

6921 MAUNA LOA BLVD
(Address)

SARASOTA, FL 34241
(City/State and Zip Code)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

ATTILA KOKAVECZ at (941) 378 99 55
(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)

PAID!

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MANATEE WINDOW AND PRESSURE 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:

6921 MANNA LOA BLVD
SARASOTA, FL 34241

Mailing Address:

6921 MANNA LOA BLVD
SARASOTA, FL 34241

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:

ATTILA KOKAVECZ

Name

6921 MANNA LOA BLVD

Florida street address (P.O. Box **NOT** acceptable)

SARASOTA FL 34241

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Attila Kokavecz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

SILVIA FARKAS
6921 MAUNA LOA BLVD
SARASOTA, FL 34241

MGR

ATTILA KOKAVECZ
6921 MAUNA LOA BLVD
SARASOTA, FL 34241

MGR

CSABA MIZERAK
4411 BEE RIDGE RD APT# 614
SARASOTA, FL 34233

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Attila Kokavecz

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.)

ATTILA KOKAVECZ

Typed or printed name of signer

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)