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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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07/02/09--01003--006 **15.00

J. BRYAN

JUL -2 2009

EXAMINER

09 JUL -1 AMII: 07
SECRETARY OF STATE
ALLAHASSEE, FIORIC

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: PETFECTION PAINTING & 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:				
DEREK Collum (Name of Person)				
PETFECTION PAINTING & Pressure Cleaning				
1238 SW MARMORE AUE (Address)				
POCT ST LUCIE, Florida 34953 PM S (City/State and Zip Code)				
For further information concerning this matter, please call:				
DEREK Collum at (954) 298-0642 FS (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$\begin{align*} \text{\$125.00 Filing Fee} & \text{\$130.00 Filing Fee} & \text{\$155.00 Filing Fee} & \text{\$160.00 Filing Fee}, \\ \text{Certificate of Status} & \text{Certified Copy} & \text{Certified Copy} \\ \text{(additional copy is enclosed)} & \text{Certified Copy} \\ \text{(additional copy is enclosed)} & \text{\$160.00 Filing Fee}, \\ \text{Certified Copy} & \text{(additional copy is enclosed)} \end{align*}				
Mailing Address Registration Section Street/Courier Address Registration Section				

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

ARTIC	LEI	- N	ame:
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The name of the Limited Liability Company is:

PERFECTION PAINTING & PRESSURE CLEANING, LLC, "or "L.C.,")

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1238 S.W. MARMORE AUE Port SAINT LUCIE Florida 34953	1238 S.W. MARMORE AUE Port Saint Lucie, Florida, 34953
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	egistered agent are: A SECRETARY OF STATE Tess (P.O. Box NOT acceptable)
City, State, ar	nd 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.)

DEREK Collum

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)