

L10000048259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

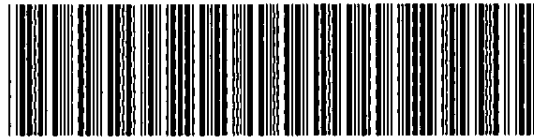
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DIVISION OF CORPORATIONS  
2010 MAY -5 PM 1:45  
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SUFFICIENCY OF FILING

FILED  
10 MAY -5 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
MAY -5 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hall Certified Pressure Washing & Cleaning Service 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:

Kevin Hall

Name of Person

Firm/Company

2344 Freeman Rd

Address

Monticello FL 32344

City/State and Zip Code

~~Kevin Hall~~ Hall Certified Pressure Washing & Cleaning Svc. LLC  
E-mail address: (to be used for future annual report notification)  
@Yahoo.com

For further information concerning this matter, please call:

Kevin Hall

Name of Person

at ( 850 ) 519-4733

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

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10 MAY -5 PM 1:54  
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hall Certified Pressure Washing & Cleaning Svc 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:

2344 Freeman Rd  
Monticello, FL 32344

Mailing Address:

2344 Freeman Rd  
Monticello, FL 32344

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:

Kevin Hall

Name

2344 Freeman Rd

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

Monticello, FL 32344

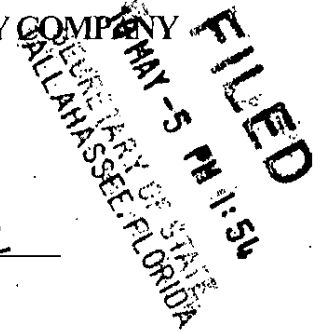
City, State, and Zip

*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..*

Kevin Hall

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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16 MAY -3 PM 11:56  
SECRETARY 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:

MGRM

Kevin Hall 2344 Freeman  
Rd Monticello, FL 32344

MGRM

Kenneth Hall 47  
Barthart Monticello, FL 32344

MGRM

Jenise Gorman 5032 S. West  
Capital Circle Tallahassee, FL  
32305

(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:

Kevin Hall

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.)

Kevin Hall

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)