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T. CLINE

FEB 15 2011

EXAMINER

TALLAHASSEE FLORINA



COVER LETTER

TO: Registration Section
Division of Corporations

	Name of Limite	d Liability Company
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.
Please return all corresp	ondence concerning this matte	er to the following:
Miller Wil	liams	
		Name of Person
Williams	& Williams	
		Firm/Company
P.O. Box	3626	
	, ,	Address
Orlando, F	I 32802	
<u>Gridinao, r</u>		/State and Zip Code
millerwms@	gatt.net	
		or future annual report notification)
For further information	concerning this matter, please	call:
Miller Williams		at (407) 648-4333
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address Registration Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brett Gambone All Pressure Washing, 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:
1555 Howell Branch Rd #C210	
Winter Park, FL 32789	
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
L. Miller Williams	
	Name
1555 Howell	Branch Rd., #C210

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

Winter Park

_{FL} 32789

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. E.S..

(CONTINUED)

Page 1 of 2

<u> </u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
• •	Brett
MGMR	Bret / Gambone
	1555 Howell Branch Rd, Suite C210 Winter Park, FL 32789
	777101 Tulk, 1 L 027 00
(Use attachment if necessary) LE V: Effective date, if other than	the date of filing: (OPTIONA
LE V: Effective date, if other than	the date of filing: (OPTIONAt be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a metal of the date of the date of a metal of the date of th	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document conder the penalties of periury that the facts stated herein are frue.
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