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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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J. SAULSBERRY EXAMINER

APR 13,2012

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability Company	
The en	aclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Richard E. Brinson, Jr. Name of Person	
	CocHolwich PW of Jex, LLC Firm/Company	
	14641 Amelia View De Address	
	Tcx, fc 32226 City/State and Zip Code City/S	e
	E-mail address: (to be used for future annual report notification)	
,	E-mail address: (to be used for future annual report notification)	į
For fur	ther information concerning this matter, please call:	(,,,,,
Ric	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
125.00	Filing Fee \$\ \bigs_{130.00}\$ Filing Fee & \ \bigs_{155.00}\$ Filing Fee & \ \bigs_{160.00}\$ Filing Fee, \ \ \bigs_{160.00}\$ Certificate of Status & \ \bigs_{160.00}\$ Certificate of Status & \ \bigs_{160.00}\$ Certificate of Status & \ \bigs_{160.00}\$ Certified Copy \(\text{(additional copy is enclosed)} \)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Constal Window Cleaning & P (Must end with the words "Limited"	ressure Washing of Jux, LLC d Liability Company, "L.E.C.," or "LLC.")
ARTICLE II - Address:	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14641 Amelic View Dr. Dcx, Fc 32226	JIX, FC 32226
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Richard E.	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Richard E. BRINDON, JR. 14641 Amelia View DR Jacksonville for 32226	
NA		
11/1	DA SERVICE SER	T1 =
	DA Signal Signa	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior	r
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)