# L12000067226

<u>~</u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer: Thomas  Art V  5117112

Office Use Only



600235036386

05/15/12--01003--006 \*\*130.00

SISINE DATE

HAY IS AM 9: 45 RECASTARY OF STATE

N. Outligan MAY 1.6 2012

## COVER LETTER

TO: Registration Section Division of Corpora			
SURJECT: Advance	d Exterior Wa	sh of Florida LLC	
		ed Liability Company	
The enclosed Articles of Orga	anization and fee(s) are	submitted for filing.	
Please return all corresponder	nce concerning this matt	ter to the following:	
Thomas Chi	ristopher Hah	Name of Person	
Advanced E	xterior Wash o	of Florida LLC	
<del></del>		Firm/Company	
115 Pine Co	ne Drive		
		Address	
Davenport, Flo			
	•	y/State and Zip Code	
tomhahn2@yah		for future annual report notification)	
For further information conce		·	
Tom Hahn		at (610 ) 762-4042	
Name of Per	son	Area Code & Daytime Telep	hone Number
Enclosed is a check for the	following amount:		
\$125.00 Filing Fee \$\square \text{\$1}\$1.	30.00 Filing Fee & ertificate 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)
Re Di P.	ailing Address egistration Section vision of Corporations O. Box 6327 dllahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle



May 17, 2012

THOMAS CHRISTOPHER HAHN 115 PINE CONE DRIVE DAVENPORT, FL 33897

SUBJECT: ADVANCED EXTERIOR WASH OF FLORIDA LLC

Ref. Number: W12000027607

We have received your document for ADVANCED EXTERIOR WASH OF FLORIDA 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 effective date is not acceptable since it is not within five working days of the date of receipt.

Document was received on 05/15/12.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 112A00014657

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	R'	TI.	CL	$\mathbf{R}$	T	_ 1	V	a	m	۵	•
-	ш <b>х</b> .	TT.	~L	ناه	ı	- 1	٦	а	ш	t	•

The name of the Limited Liability Company is:

### Advanced Exterior Wash of Florida 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:	
115 Pine Cone Drive	115 Pine Cone Drive	
Davenport, FL 33897	Davenport, FL 33897	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of the server and the server and the server and the server as the server	Registered Agent. You must designate an individ	
Thomas Christophe	r Hahn	AHA MAHA
. N	ame	15 - E
115 Pine Cone	Drive	
Florida stree	t address (P.O. Box NOT acceptable)	) STL
Davenport	<sub>FL</sub> 33897	7ATE ORIDA
City	y, State, and Zip	<b>&gt;</b> •

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)

Page 1 of 2

i	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGR	Thomas Christopher Hahn 115 Pine Cone Drive Davenport, FL 33897
(If an ef	(Use attachment if necessary)  LE V: Effective date, if other than the date ffective date is listed, the date must be specified after the date of filing.)	e of filing: 5/8/2012 . (OPTIONAL) ecific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	an authorized representative of a member.
	(In accordance with section 608.408 constitutes an affirmation under the	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are the n submitted in a document to the Department of State
	Thomas Christop	
		or printed name of signee
	Filing Fees:	
	\$125.00 Filing Fee for Articles of Organizat of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ion and Designation

ARTÍCLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: