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J. BRYAN

MAY 21 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pinellas Pressure Washing, 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:
Ryan Nathanie Gibb Name of Person
Please return all correspondence concerning this matter to the following: Ryan Nathanie Gibb Name of Person Pinellas Pressure Washing, L.L.C. Firm/Company
Address
City/State and Zip Code Pinellus Pressure Washing @ Hotmail. Com E-mail address: (to be used forfuture annual report notification)
Pinellus Pressure Washing @ Hotmail. Com
For further information concerning this matter, please call:
Carrie Miller at (727) 742 - 7694 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times 155.00 Filing Fee \$\times 155.00 Filing Fee \$\times 160.00 Filing Fee,\$\times Certificate of Status \$\times Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I Name	<u> </u>
ARTICLE I - Name: The name of the Limited Liability Company is:	THE THE T
	En E
Pinellas Pressure Washi (Must end with the words "Limited Liabili	ng, LLC"
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	7. F.
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6321 113th StN	627/ 113th STA
632 113th StN Sominole, FL 33772	G32/ 113th STN Seminole, FL 3>772
	·
The name and the Florida street address of the result of the street address of the street	egistered agent are:
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limited in I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	Ryon Gibb G321 Het 113th 9+ N Seninde, FL 33772
MGR	Currie Miller 6321 113th 5t N Seminole, FL 33772
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing: (OPTION oe specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be	
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	
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