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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Jarod's Pressure Wa	ashing & More
Name of L	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jarod Butera	
	Name of Person
Jarod's Pressure Washi	ng & More
	Firm/Company
1505 Heritage Dr.	
	Address
V-1 51 00504	
Valrico, FL 33594	City/State and Zip Code
vbutera@verizon.net	City/state and Zip Code
	ed for future annual report notification)
For further information concerning this matter, ple	ease call:
Jarod Butera	912 000 2272
Name of Person	at (813) 898-3372 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	:
\$125.00 Filing Fee \$\bigs\tag{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai	me	3
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The name of the Limited Liability Company is:

Jarod's Pressure Washing & More, 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:

Princinal Office Address:	Mailing Address:	
1505 Heritage Dr.	1505 Heritage Dr.	
Valrico, FL 33594	Valrico, FL 33594	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres		Signature: dual or another
Jarod Butera		FI MALIA AHAS
Name		SSE 5
1505 Heritage Dr.		ED EE, FIL
Florid	a street address (P.O. Box NOT acceptable)	
Valrico	_{FL} 33594	: 55 FATE ORIDA
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Jarod Butera 1505 Heritage Dr. Valrico, FL 33594 (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:** 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 tate constitutes a third degree felony as provided for in s.817.155, F.S.) Jarod Butera Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)