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| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Sertified Copies Certificates of Status Special Instructions to Filing Officer: |   |
|---|---|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Requestor's Name)                      |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |   |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                               |
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Office Use Only

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EXAMINER



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## **COVER LETTER**

|             | Registration Section Division of Corporations  |
|-------------|--|
| SUBJEC      | CAT 5 PRESSURE WASHING   |
|             | Name of Limited Liability Company  |
| The enclo   | osed Articles of Organization and fee(s) are submitted for filing.   |
| Please ret  | urn all correspondence concerning this matter to the following:  |
| <del></del> | JASON J. WAGLE  Name of Person   |
|             | CAT 5 PRESSURE WASHING   |
| _           | 1522 SHENANDOAH ST.  |
| <u></u>     | Hollywood FL. 33020  |
|             | City/State and Zip Code  Meden man @ a++. n++  E-mail address: (to be used for future annual report notification)  |
| Dan Guraha  |  |
| ror turtne  | er information concerning this matter, please call:  |
|             | Name of Person at (734) 323-16553  Area Code & Daytime Telephone Number  |
| Enclosed    | is a check for the following amount:   |
| \$125.00 F  | iling Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$Certified Copy (additional copy is enclosed)}}} \$\text{\$\ |
|             | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Con | mpany is:   |
|---------------------------------------|---|
|                                       | ESSURE WASHING LLC imited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address:                 | s of the principal office of the Limited Liability Company is:    |
| Principal Office Address:             | Mailing Address:  |

**ARTICLE I - Name:** 

| 1522 SHENANDOAH ST.<br>HOLLYWOOD FL. | 1522 SHENANDOAH ST. |
|--------------------------------------|---------------------|
| HOLLYWOOD FL.                        | HOLYWOOD, FL.       |
| 33020                                | 33020               |
| -                                    |                     |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

| The name and the Florida street address of the registered agent are: | <b>75 17 17 17 17 17 17 17 17</b> |
|--|-----------------------------------|
| Jason J. Wagle   | 8 8                               |
| Name   | 129<br>ASS                        |
| 1522 SHENANDOAH ST.  | SEE. O                            |
| Florida street address (P.O. Box NOT acceptable)                     | FECO.                             |
| Hollywood, FL 33020  | REC S                             |
| City, Stafte, and Zip  | <u>⇒</u>                          |

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

| <u>Title:</u><br>"MGR" = Manager<br>"MGRM" = Managing Member  | Name and Address:   |
|---|---|
| MGR   | LASON J. WAGLE 1522 SHENDNDOAH ST. HOLLYWOOD, FL. 33020                         |
|   |   |
|   |   |
| Use attachment if necessary)  | 01-01-2013  |
| Use attachment if necessary)  EV: Effective date, if other than the   | ne date of filing: (OPTIO) be specific and cannot be more than five business of |
| Use attachment if necessary)  Æ V: Effective date, if other than the ective date is listed, the date must days after the date of filing.) | be specific and cannot be more than five business of                            |

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)