

L12000156450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

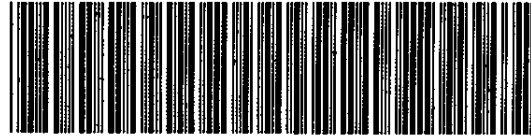
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600242312706

12/03/12--01048--023 **130.00

EFFECTIVE DATE 01-01-13

FILED

12 DEC 13 PM 3:48

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 14 2012
EXAMINER

TO WHOM IT MAY CONCERN,

ENCLOSED IS MY APPLICATION FOR FORMING A LLC IN ALTAMONTE SPRINGS
SEMINOLE COUNTY FLORIDA

LLC WILL BE TITLED 'APPLE VALLEY PRESSURE CLEANING LLC' I WILL BE
PROVIDING CLEANING SERVICES TO HOMEOWNERS IN THE LOCALITY WITH THE
HOPE OF EXPANDING IN THE FUTURE.

BELOW IS MY MAILING ADDRESS AND PHONE NUMBERS
ENCLOSED IS A CHECK FOR \$130.00 RE: FILING FEE AND CERTIFICATE OF STATUS

J A HYMER
265 W. HIGHLAND STREET
ALTAMONTE SPRINGS
FL 32714
USA

PHONE 407 788 6422
CELL 321 439 7325

THANK YOU

J A HYMER

A handwritten signature in black ink, appearing to read 'J A Hymer', written over a horizontal line.

FILED
12 DEC 13 PM 3:48
TALLAHASSEE, FLORIDA
STATE

(850) 245-6051

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **APPLE VALLEY PRESSURE CLEANING 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:

JAMEEL A. HYMER

Name of Person

APPLE VALLEY PRESSURE CLEANING LLC

Firm/Company

265 W. HIGHLAND STREET

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

APPLEVALLEYPRESSURECLEANING@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMEEL A. HYMER

Name of Person

at **407 788 6422**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|---|---|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
12 DEC 13 PM 3:48
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APPLE VALLEY PRESSURE CLEANING 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:

265 W. HIGHLAND STREET

ALTAMONTE SPRINGS

FL 32714

Mailing Address:

265 W. HIGHLAND STREET

ALTAMONTE SPRINGS

FL 32714

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:

JAMEEL A. HYMER

Name

265 W. HIGHLAND STREET

Florida street address (P.O. Box **NOT** acceptable)

ALTAMONTE SPRINGS FL 32714

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)

FILED
12 DEC 13 PM 3:48
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JAMEEL A. HYMER

265 W. HIGHLAND STREET

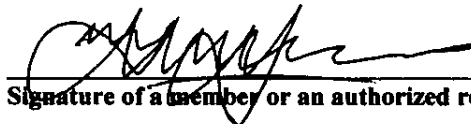
ALTAMONTE SPRINGS FL 32714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JAN 01 2013 (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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

JAMEEL A. HYMER

Typed or printed name of signee

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

JA HYMER
265 W. HIGHLAND STREET
ALTAMONTE SPRINGS, FL 32714

SUBJECT: APPLE VALLEY PRESSURE CLEANING LLC
Ref. Number: W12000060350

FILED
12 DEC 13 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for APPLE VALLEY PRESSURE CLEANING 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 712A00028778