Here of 1 da Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H13000044845 3))) H130000448450ADC3 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850) 617-6383 From: ç; Account Name : FILINGS, INC. Account Number : 072720000101 ယ ယ Phone : (850)385-6735 Fax Number : (954)641-4192 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address; 1: 24 : FLORIDA LIMITED LIABILITY CO. RECEIVED PINNACLE PRESSURE WASHING, LLC Certificate of Status 0 FEB 26 0 Certified Copy 02 Page Count Estimated Charge \$125.00 K. SALY EXAMINER FEB 27 2013 Electronic Filing Menu Corporate Filing Menu Help



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## ARTICLES OF ORGANIZATION OF PINNACLE PRESSURE WASHING, LLC

## ARTICLE I -- NAME

The name of the limited liability company is PINNACLE PRESSURE WASHING, LLC, ("company").

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 571 NW 208 CIR PEMBROKE PINES, FL 33029 Mailing Addreas: 571 NW 208 CIR PEMBROKE PINES, FL 33029

#### ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are;

BRIAN WALKER 571 NW 208 CIR PEMBROKE PINES, FL 33029

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..

BRIANWALKER

Prepared by JACQUELYN LUMPKIN WOODEN, ESQ., FBN: 078123 12781 Miramar Pkwy, Ste. 203, Miramar, FL 33027 Phone: 954-589-1240, Fax: 888-378-5329, Email: JLWOODENPA@gmail.com

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# ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

<u>Title</u>: "MGR**" = Ma**nager "MGMR" = Managing Member

Name and Address:

MGMR

BRIAN WALKER 571 NW 208 CIR PEMBROKE PINES, FL 33029

### **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true,)

BRIAN WALKER Typed or printed name of signco

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