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AUG - 1 2013 T. HAMPTON (850) 245-6051.

### COVER LETTER.

TO: **Registration Section Division of Corporations** SUBJECT: Tsunami Surface 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: Andrew Allan Austin Name of Person Tsunami Surface Cleaning LLC Firm/Company 727 Ventura Dr Address Satellite Beach, FL 32937 City/State and Zip Code drewaustin101@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ) 646-9522 Andrew Allan Austin Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$160.00 Filing Fee, **□\$125.00** Filing Fee **□**\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 JUL 31 PH 2:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 23, 2013

ANDREW ALLAN AUSTIN 727 VENTURA DR SATELLITE BEACH, FL 32937

SUBJECT: TSUNAMI SURFACE CLEANING, LLC

Ref. Number: W13000041384

We have received your document for TSUNAMI SURFACE CLEANING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the Manager in article IV.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00017840

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Tsunami Surface Cleaning, LLC (Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.")	_		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability	Company is:		
Principal Office Address:	Mailing Address:			
727 Ventura Dr Satellite Beach, FL 32937	727 Ventura Dr Satellite Beach, FL 32937			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Sign red Agent. You must designate an individual or	ature:		
The name and the Florida street address of the re	gistered agent are:			
Andrew Allan Austin				
Name				
727 Ventura Dr	age (D.O. Pay NOT accentable)			
	ress (P.O. Box <u>NOT</u> acceptable)			
Satellite Beach, FL 32937 FL City, State, and Zip				
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaci all statutes relating to the proper and complete and accept the obligations of my position as reg	nis certificate, I hereby accept the ap ty. I further agree to comply with the performance of my duties, and I am	pointment as e provisions of familiar with		
11/1/1	14			
Registered Agent's Signatu	ure (REQUIRED)	SECH DIVISION		
(CONTINI	J <b>ED)</b>	FILET FARY OF COM		
Page 1 of 2				

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Manager	Andrew Allan Austin 727 Ventura Dr Satellite Beach, FL 32937	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must orior to or 90 days after the date of filing.)		
<b>REQUIRED SIGNATURE:</b>		
Signature of a memb	per or an authorized representative of a member	<del>_</del> r.
constitutes an affirmation under I am aware that any false infor	08.408(3), Florida Statutes, the execution of this doer the penalties of perjury that the facts stated hereimation submitted in a document to the Department as provided for in s.817.155, F.S.)	in are true. t of State
Andrew Allan Austin		SECRETAR DIVISION OF
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