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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Terrill (Ween Dain Ling Epiessure washing Name of Limited Liability Company	 <b>:</b>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	•
Terrill Chreen Name of Person	
Ferrill Green painting pressure washing	
2424 Jolene lane	
Tallahassee SI 3364  City/State and Zip Code  Terrilgreen@uphpo.Com  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Terrill Green at (\$50) \$658 - 080  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$255.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \\$255.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \\$255.00 \Bigcup \Bigcu	)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name: The name of the Limited Liability Company is:	·
Terrill Grean painting & pole (Must end with the words "Limited	Sure washing LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2424 Jolene lane	2424 Jolene lane
Tallanasser fl 32303	Tallanassee F1 32303
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Terrill Cyreer	
Name	,
2424 Jolene	
Florida street address (P.O. Box	NOT acceptable)
<u>laparaste</u>	FL (-1 ) 250 S
City	zιp
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the observed that the control of the province of the provinc	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S  ture (REQUIRED)
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Page 1 of 2

(CONTINUED)

Title:	. 157	Name and Address:	
"AMBR" = Auti "MGR" = Mana	norized Member ger	T all Com	
39 AMB	<u> </u>	Terrill Green	
		Pallahassee fl 30303	
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