114000120471

(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



700262746657

07/31/14--01014--016 **130.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RnR Power Washin	ng LLC Name of Limited Liability Company
The enclosed Articles of Organization	on and fee(s) are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Steven Rodriguez	Name of Person
R n R Power Washing	a LLC Firm/Company
16216 W. Course Dr	1 mile company
16216 W Course Dr	Address
<u>Tampa, FL 33624</u>	City/State and Zip Code
mrpowerwashing@gmail.co E-mail addr	m ress: (to be used for future annual report notification)
For further information concerning t	this matter, please call:
Steven Rodriguez Name of Person	at (813) 404-8475 Area Code Daytime Telephone Number
Enclosed is a check for the following	g amount:
~	Filing Fee & Status Status
<u>Mailing Address</u> Registration Sectio Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:	
R n R Power Washing LLC (Must end with the words	"Limited Liability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
16216 W Course Dr Tampa, FL 33624	16216 W Course Dr Tampa, FL 33624	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve a another business entity with an active Florida of the name and the Florida street address of the Steven Rodriguez	as its own Registered Agent. You must des registration.)	
16216 W Course Dr		
	(P.O. Box NOT acceptable)	
Tampa	FL 33624	
City	Zip	
Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and acc	reby accept the appointment as registered a provisions of all statutes relating to the prop	gent and agree to act in this er and complete performance

Page 1 of 2

(CONTINUED)

AMBR" = Authorized Member	Name and Address:	
MGR" = Manager MGR	Stoven Bedriguez	
iiGN	Steven Rodriguez 16216 W Course Dr	
	Tampa, FL 33624	
	<u> </u>	
		
		
Jse attachment if necessary) V: Effective date, if other than the date of	filing: . (O	PTIONAL)
V: Effective date, if other than the date of	filing: (O	PTIONAL) ays prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specif	filing: (O	PTIONAL) ays prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any.	filing: (O	PTIONAL) ays prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE:	Code	ays prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memb	c and cannot be more than five business de la contraction de la co	ays prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0)	er or an authorized representative of a me	ays prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the	rer or an authorized representative of a me 203 (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated her	ember. f this document
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the	er or an authorized representative of a me 203 (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated her ion submitted in a document to the Department	ember. f this document

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)