## 14000/62-174

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
: PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



10/14/14--01026--006 \*\*160.00

OCT 17 2014 T CLINE

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: GOLDSTAR PRESSURE CLEAN Name of Lin	NING LLC mited Liability Company	· 
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	ONEIL A. DAVIS		
		Name of Person	ALLEGE CE
	GOLDSTAR PRESSURE CLEANI	NG	그 그 그
		Firm/Company	ARY OF THE
	712 NE 10TH AVE		77
	•	Address	150 E
	BOYNTON BEACH, FL 33435		
	(	City/State and Zip Code	
<u>0</u>	NEILDAVIS73@GMAIL.COM E-mail address: (to be use	ed for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	rase call:	
ONE	L DAVIS at ( at (	561 ) 400-3099 Area Code Daytime Tel	ephone Number
Enclos	ed is a check for the following amount:		
\$125.0	0 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$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 Addr Registration Section Division of Corporate Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle

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

GOLDSTAR PRE	SSURE CLEANING L.L.C.		- <u>-</u>
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	lress:		
The mailing address	and street address of the princip	al office of the Limited Liability Company is:	
Principal Office Ac	ldress:	Mailing Address:	ZH1 007 14
712 NE 10TH AV	Ε.	712 NE 10TH AVE.	
BOYNTON BEAC	• • • • • • • • • • • • • • • • • • • •	BOYNTON BEACH, FL 33435	
	tity with an active Florida registr	own Registered Agent. You must designate an indiation.)	ividual or
another business en	tity with an active Florida registr	ation.)	
another business en	tity with an active Florida registr lorida street address of the registe ONEIL DAVIS	ered agent are:	
another business en	tity with an active Florida registr lorida street address of the registe ONEIL DAVIS	ation.)	
another business en	tity with an active Florida registr lorida street address of the registr ONEIL DAVIS No. 712 NE 10TH AVE.	ation.) ered agent are: ame	
another business en	tity with an active Florida registr lorida street address of the registr ONEIL DAVIS	ation.) ered agent are: ame	
another business en	tity with an active Florida registr lorida street address of the registr ONEIL DAVIS No. 712 NE 10TH AVE.	ation.) ered agent are: ame	
another business en	tity with an active Florida registr lorida street address of the registr ONEIL DAVIS No. 712 NE 10TH AVE. Florida street address (P.O.	ation.) ered agent are: ame Box NOT acceptable)	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized	1 1 ( 1	Name and Address:
"MGR" = Manager	1 Member	
MGR	_	ONEIL DAVIS
	_	
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(Use attachment if nec		
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ective date is listed, the of filing.)  E VI: Other provisions,  REQUIRED SIGNAT	if any.  FURE:  Signature of a member ce with section 605.0	per or an authorized representative of a member.
REQUIRED SIGNAT  (In accordan constitutes a I am aware time)	rure:  Signature of a member of affirmation under the that any false information.	per or an authorized representative of a member.  1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State
REQUIRED SIGNAT  (In accordan constitutes a I am aware time)	FURE: Signature of a member ce with section 605.0 in affirmation under that any false information degree felony a	per or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNAT  (In accordan constitutes a I am aware time)	FURE: Signature of a member ce with section 605.0 in affirmation under that any false information degree felony a	per or an authorized representative of a member.  1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State
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Ctive date is listed, the filing.)  E VI: Other provisions  REOUIRED SIGNAT  (In accordan constitutes a I am aware to constitutes a	FURE: Signature of a member of a member of affirmation under the hat any false information degree felony a mechanism of the control of the co	per or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 13 tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)  13 Typed or printed name of signee

ARTICLE IV-