Florida 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.

(((H15000123298 3)))



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:

Account Name : BRUCE J. O'DONNELL, CPA, P.A.

Account Number : 120000000084

Phone : (561)883-1210

Fax Number

; (561)883-1252

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

INFO@ ISLAND PRESSURE CLEANING CO M

FLORIDA LIMITED LIABILITY CO. IPC, LLC

 	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

08:19

TO:18506176383 FROM:5618831252

Page:

H150001232983

ARTICLES OF ORGANIZATION FOR

IPC, LLC

A FLORIDA LIMITED LIABILITY COMPANY

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida,

ARTICLE I NAME

The name of the Limited Liability Company is:

IPC, LLC

ARTICLE II PRINCIPAL OFFICE

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

1275 5TH STREET VERO BEACH, FL 32962

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

WAYNE LAUGHLIN 1275 5TH STREET VERO BEACH, FL 32962

Having been name 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 605, F.S.



21/2015

08:19

TO:18506176383 FROM:5618831252 H150001232983

ARTICLE IV AUTHORIZED MEMBERS:

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBERS: WAYNE LAUGHLIN

1275 5TH STREET

VERO BEACH, FL 32962

CLIFFORD HAGAN, JR 6285 65TH STREET VERO BEACH, FL 32967

REQUIRED SIGNATURE:

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a

third degree felony as provided for in s.817.155, F.S.)