## U500092477

(Re	questor's Name)	<del></del>
·	,	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	•
(50	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



300273085243

05/26/15--01006--006 \*\*125.00

SECRETARY OF STATE

關於 27 20%

T SCHROEDER

## **COVER LETTER**

ŧ.

ň

Division of Corporations
SUBJECT: Cardinal Power Washing Services 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:
Mark Mutter
Name of Person
Cardinal Power Washing Services LLC
Firm/Company
6324 115th Lane
Address
Seminole, FL 33772  City/State and Zip Code
mmutter44@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Mutter at (727) 226-7367  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	as in		
The name of the Emilied Elability Compan	y is.		
Cardinal Power Washing Services LLC	2		
(Must end with the w	ords "Limited Liability Compan	y, "L.L.C.," or "LLC	!.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limite	d Liability Company	is:
Principal Office Address:	Mailing Addr	ess:	
6324 115th Lane Seminole, FL 33772	6324 115th L Seminole, FL		<del></del>
Seminole, FL 33772	Seminole, FL		<del></del>
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot ser another business entity with an active Flori The name and the Florida street address of	rve as its own Registered Agent. ida registration.)		an individual or
Mark Mutter	Name	· · · · · · · · · · · · · · · · · ·	
6324 115th Lane			
	ress (P.O. Box NOT acceptable)	)	
Seminole	FL 33772		
C	City Z	ip	
Having been named as registered agent an the place designated in this certificate, I capacity. I further agree to comply with to of my duties, and I am familiar with and Registered A	hereby accept the appointment of the provisions of all statutes relat	as registered agent ar ing to the proper and ition as registered ag	nd agree to act in this complete performance
	(CONTINUED)	), ří	,
	Page 1 of 2	GLA CRESCHERATES	FILED

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Mark Mutter 6324 115th Lane
	Seminole, FL 33772
AMBR	DAVID BRINKOS 6324 115th Lane Seminole FL 33772
	Seminale pc 33772
ective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days afte
EV: Effective date, if other than the date	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days afte
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information with section for the section of t	pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information with section for the section of t	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  25.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

Page 2 of 2