

L15000 111294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

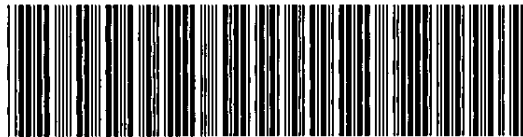
Special Instructions to Filing Officer:

Office Use Only

WISCONSIN 39011

JUL 02 2015

J. SCOTT



300273481403

06/01/15--01043--014 **160.00

15 JUN 29 AM 8:00



RECEIVED

15 JUN 29 PM 4:54

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 9, 2015

JOHN PETE DAVITO IV
PETE'S PROFESSIONAL PAINTING LLC
13051 NE 18TH AVENUE
OKEECHOBEE, FL 34972

SUBJECT: PETE'S PROFESSIONAL PAINTING LLC
Ref. Number: W15000039011

We have received your document for PETE'S PROFESSIONAL PAINTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 015A00011704

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PETE'S PROFESSIONAL PAINTING ~~LLC~~ &
Name of Limited Liability Company POWER WASHING, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN PETE DAVITO IV
Name of Person

PETE'S PROFESSIONAL PAINTING ~~LLC~~ &
Firm/Company POWER WASHING LLC

~~13051~~ 13051 NE 18th AVENUE
Address

OKEECHOBEE, FL 34972
City/State and Zip Code

collon1111@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN PETE DAVITO at (863) 801-8377
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 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 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 Company is:

PETE'S PROFESSIONAL PAINTING ~~AND~~ & POWER
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") WASHING LLC

ARTICLE II - Address:

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

Principal Office Address:

13051 NE 18th AVENUE
OKEECHOBEE, FL 34972

Mailing Address:

(SAME)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOHN PETE DAVITO IV
Name

13051 NE 18th AVENUE
Florida street address (P.O. Box **NOT** acceptable)

OKEECHOBEE FL 34972
City State Zip

Having been named 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..

John Pete Davito IV
Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 JUN 29 AM 8:00

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~AMBR~~

~~AMBR~~

AMBR

Name and Address:

~~JASON MAURIN~~
~~20169 NW 24th Street~~
~~OKECHOBEE, FL 34972~~

~~RANDY WHALEY~~
~~1412 SW 3rd Avenue~~
~~OKECHOBEE, FL 34974~~

Victoria Davito
13051 NE 18th Avenue
OkECHObEE, FL 34972

(Use attachment if necessary)

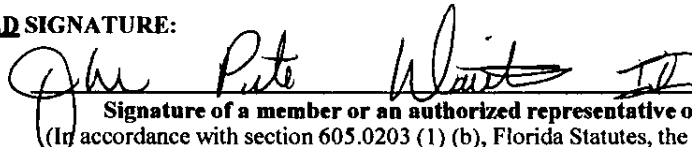
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

JOHN PETE DAVITO IV

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)