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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Bernes Mobile Detaile And Pressure Washing 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:
Authory T. Barnes Name of Person
Bonnes Mobile Detailie And Pressure Washing LLC
606 W. Tharpe St Address
Tall F1 32303
City/State and Zip Code Barnes (a) D Contain, Inh. Nr. + E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthou T. Bans, at (8:50) 241-4105 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Status \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

* ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
606 W. Thank 5+ Tay F1 32303	606 W. Thar, x St. Tall F1 32303
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Anthory I. Nam	Barner
Florida street address (P.O.	Box NOT acceptable)
<i>Tall F</i> City	7/ 32303 State Zip
Having been named as registered agent and to accept service of p place designated in this certificate, I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regi	nt as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Aut "MGR" = Mana	horized Member ager	Name and Address:
MGR	<u>. </u>	Anthony T. Barnes 606 W. Thanse St 7011 7 32303
(Use attachment	• .	
ICLE V: Effective on effective date is list ate of filing.) If the date inserted	date, if other than the date of ted, the date must be specif	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be lisseate's records.
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ICLE V: Effective on effective date is list ate of filing.) If the date inserted document's effective in its inserted in its	date, if other than the date of sted, the date must be specifed in this block does not mee date on the Department of Swisions, if any. IGNATURE: Signature of a membra membra document is executed I am aware that any false indiconstitutes a third degree fee	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be lis