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| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Affordable Power Washin 11 C 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: |
| Jonathan McDonald Name of Person |
| Affordable Power Washing LLC Firm/Company |
| 10094 Domingo Dr Address |
| Brook Sv: 11e, FL 34601 City/State and Zip Code A PWLLC. SM @ Gma: 1. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (352) 293-6643 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{S160.00 Filing Fee, Certified Copy}\$\$ (additional copy is enclosed) |
| Mailing Address New Filing Section New Filing Section |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing 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: | TALLAHASS | Y OF STATE EE, FLORIDA |
|--|-------------|---------------------------|
| Affordable Power Washing LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | 15 DEC -3 | PM 3: 48 |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | |
| Principal Office Address: Mailing Add 10096 Danisa Dr Rookswile FC 34601 | ress: | |
| 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 in another business entity with an active Florida registration.) | dividual or | |

... FILED

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

Jona than McDonald

Florida street address (P.O. Box NOT acceptable)

Florida street address (P.O. Box-ROT acceptable)

City State 7in

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) (Initial Content of the date must be specific and cannot be more than five business days prior to or 90 of filing.) (Initial Content of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. (VI: Other provisions, if any. (Initial Content of the department of State of the department of State of the Content of State of the Department of State of the Constitutes a third degree felony as provided for in s.817.155, F.S. (Initial Constitutes a third degree felony as provided for in s.817.155, F.S. (Initial Constitutes a third degree felony as provided for in s.817.155, F.S. (Initial Constitutes a third degree felony as provided for in s.817.155, F.S.) (Initial Constitutes a third degree felony as provided for in s.817.155, F.S.) (Initial Constitutes of Organization and Designation of Registered Agent | Title: "AMBR" = Authorized Mem | Name and Address: |
|---|--|--|
| Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) Live date is listed, the date must be specific and cannot be more than five business days prior to or 90 (filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Typed or printed name of signee Filing Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent | | |
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