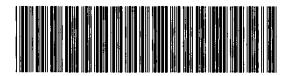
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

APROVE AND FILED

114

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: J.J. 'S Pressure Cleaning, 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:
John J. Spillane Name of Person
Firm/Company
2507 SW Monterrey Lane
Port Saint Lucie, FL 34953  City/State and Zip Code  John Spillane S4@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$155.00 Filing Fee & \text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{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 Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
POOT Saint Lucie, FC 34953 Poot Saint Lucie, FC 34953	
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 Spillare  Name	
2507 SW Monterrey Lane	
Florida street address (P.O. Box NOT acceptable)	
Por St. Lucie FL 34953  City State Zip	
City State Zip	
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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)	

Page 1 of 2

(CONTINUED)

JEENARY OF STATE

Title: "AMBR" = Auth "MGR" = Manag	orized Member	thorized to manage and control the Limited  Name and Address:	SECRETARY TALLAHASSEE	OF STATE
AMBR	<b></b>	John J. Spilland 2507 sw monter Port Saint Lucie,	rey Lane FU 34953	
	· c		<del></del>	
effective date is liste te of filing.) If the date inserted	ate, if other than the date ed, the date must be specific this block does not make on the Department of	of filing:  ecific and cannot be more than five busine neet the applicable statutory filing requirent of State's records.	ess days prior to or 90	
CLE V: Effective date is liste te of filing.)  If the date inserted ocument's effective of	inte, if other than the date ed, the date must be specific this block does not make on the Department of sions, if any.	ecific and cannot be more than five busine neet the applicable statutory filing requirem	ess days prior to or 90	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

1