## Ule000014463

(Requestor's Name)	,
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
•	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

Office Use Only



100280871781

01/14/16--01015--005 \*\*160.00

SECRETARY OF STATE

JAN 1 4 2016 S. PRATHER

## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Paul'S Pressure Washing LLC Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Paul Palivoda
	Name of Person
	Firm/Company
	921 FENWICK LOOP Address
	The Villages II. 32163
	The Villages #1-32163  City/State and Zip Code  pipalivoda @ aol. WM (pipalivoda@ aol. com  Estatiladdress: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u></u>	Name of Person at (937) 594-3032  Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
<b>□</b> \$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)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration 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 Limite	d Liability Company is:	
	Paul's Pressure Was	
(N	Must end with the words "Limited Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address an	ss: d street address of the principal office of the Limited	Liability Company is:
Principal Office Addr	ess: Mailing Addres	<u>25:</u>
921 Fenuich	2 LOOP 921 Frages 71 72	enwick Loop Le Villages, 7/ 32163
(The Limited Liability another	tered Agent, Registered Office, & Registered Agent. Company cannot serve as its own Registered Agent. n active Florida registration.)	You must designate an individual or
The name and the Flori	da street address of the registered agent are:	<b>5</b> . 52.
	Paul J. Palivodo	SECREDE CORPORATION VISION OF CORPORATION  16 JAN 14 PM 4: 16
	921 Fenwick Loop  Florida street address (P.O. Box NOT acceptable)	PH 1: 16
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
	The Villages FL 3:	2163
	City O Zi <sub>I</sub>	)
the place designate capacity. I further as	registered agent and to accept service of process for d in this certificate, I hereby accept the appointment acree to comply with the provisions of all statutes relating familiar with and accept the obligations of my positions.  Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	s registered agent and agree to act in this ng to the proper and complete performance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager AMBR	TORY Palivoda  921 Fenwick Loop  The Villages #1 32/63
<del></del>	
(Use attachment if necessary)	
CLE V: Effective date, if other tha effective date is listed, the date m	the date of filing: 1-6-2016 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other tha effective date is listed, the date m te of filing.)	n the date of filing: 1-6-2016 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other tha	the date of filing: 1-6-2016 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 d

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2