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700294452547 01/19/17--01010--009 **125.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Top notch 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:
Margo Herring
Name of Letson
,
Firm/Company
130 phil vickers Circle
Address 323/Q
City/State and Zip Code IOPNOTO FA FROM O COMO I COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fredregus Arnold at (856) 354 2004 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \ \$155.00 Filing Fee \ \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	\mathbf{T}	ιC	LE	1	-	N	a	m	e
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The name of the Limited Liability Company is:

Topnotoh Pressure Www.hng 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:	
357	Sun durin pd	3507 Sundayin	ld
	1	11 / 6/22=	ر ۸
16/10	ahas see for 32305	16/16hissee F13/3	202

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 str	eet address of the registered agen	tare:
	Fredreaus	Arnold
	3567 Sun	diwn Rd
	Florida street address (P.C	D. Box NOT acceptable)
	Talkhasse	F1 31305
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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17 JAN 19 AM II: 49

	The name and address of each person authorized	to manage and control the Limited Liability Company:	
	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
	"MGR" = Manager	Margo Hernns	
•	Authorized Member	730 phil Vickers Circle Tall ahas see +1 32312 Fredregus Amound 3507 sundawn ed Tall 1 FL 32305	
			
	(Use attachment if necessary)		
If an el he date <u>Note:</u> the doc	of filing.)	nd cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b	
	This document is executed in a I am aware that any false inform	or an authorized representative of thember. ccordance with section 605.0203 (1)(b), Florida Statutes. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.	
	_V\C\YO\ Type	d 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)

ARTICLE IV-

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