

L17000132520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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Special Instructions to Filing Officer:

wile-28285

Office Use Only



200284364732

04/08/16--01015--022 \*\*150.00

Patrick Jones

601 SW 76<sup>TH</sup> Terrace

North Lauderdale, FL 33068

To whom it may concern,

I am writing this letter in regards to the previous check I mailed for the amount of \$150.00. I would like to request a refund in the amount of \$20.00 after the filing and certificate fees has been deducted.

Please mail the check to the address above.

If you do have any questions or concerns please feel free to contact me via phone or email.

Kindest regards,

Patrick Jones

RECEIVED  
17 JUN 20 PM 5:11  
BUREAU OF CORPORATIONS  
COMMERCIAL  
INFORMATION SERVICES

05/08/2017

Patrick Jones

1525 NE 3 Ave

Fort Lauderdale, FL 33304

Mr. Jones,

This letter is in reference to your filing of 4 Seasons Pressure Clean & Seal LLC with was filed on April 04, 2017. I have included with this letter the Cover Letter needed to process your Articles Organization for a Limited Liability Company. Please fill out the documents to its entirety and submit it back to us for further processing.

If you should have any questions or concerns please do not hesitate to contact us at (850)245-6052.

Sincerely,

Nadira McClees-Sams

Patrick Jones

1525 NE 3<sup>rd</sup> Avenue

Fort Lauderdale, FL 33304

To whom it may concern,

I am writing this letter in regards to 4 SEASONS PRESSURE CLEAN & SEAL INC. I will not be using the same name as a corporation in the future. I release the name of my company and would like to use it as a LLC.

Thank you for your time.

If you do have any questions or concerns please feel free to contact me via phone or email.

Best regards,

Patrick Jones

Patrick Jones

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 4 Seasons Pressure Clean & Seal 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:

Patrick Jones  
Name of Person

4 Seasons Pressure Clean & Seal  
Firm/Company

1525 NE 3RD AVE  
Address

Fort Lauderdale, FL 33304  
City/State and Zip Code

jnspatrick822@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Jones at (954) 822-0985  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

4 SEASONS PRESSURE CLEAN & SEAL 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:

1525 NE 3 AVE

APT 1

FORT LAUDERDALE, FL 33304

#### Mailing Address:

1525 NE 3 AVE

APT 1

FORT LAUDERDALE, FL 33304

### 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:

Patrick Jones

Name

1525 NE 3 AVE APT 1

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

FORT LAUDERDALE

FL 33304

City

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..*

Patrick Jones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

1525 NE 3 AVE

Patrick Jones

APT 1

FORT LAUDERDALE, FL 33304

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE 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.

Patrick Jones

\_\_\_\_\_  
Typed 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)**