

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		ربر در در در
	Division of Corporations	<u>~~</u>
	Fax Number : (850)617-6381	
From:		ری س ا ترین
	Account Name : SUPERBIZ.COM, INC.	유턴
	Account Number : I20070000160	35
	Phone : (800)494-3124	**************************************
	Fax Number : (305)675-2811	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. X-TREME HOUSE CLEANING & PRESSURE WASHING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

X-TREME HOUSE CLEANING & PRESSURE WASHING LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2258 HAPPY HOLLOW ROAD

BONIFAY, FLORIDA 32425

ARTICLE III REGISTERED AGENT

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

CHRISTOPHER KELLEY

2258 HAPPY HOLLOW ROAD

BONIFAY, FLORIDA 32425

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.

 $\chi_{\underline{}}$ /s/ Christopher kelley

CHRISTOPHER KELLEY / Registered Agent's signature

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
CHRISTOPHER KELLEY
2258 HAPPY HOLLOW ROAD
BONIFAY, FLORIDA 32425

19 MAR 25 AB 6: 41

X___/s/ Christopher kelley

CHRISTOPHER KELLEY / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)