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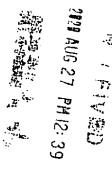
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2020 AUG 27 PH 12: 51
SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER
TO: New Filing Section : Division of Corporations
SUBJECT: Lochnon's Pressure Weshing Services 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:
Lorny Lodmon Tr. Name of Person
Name of Person
Lodmon's Pressure Washing Services Firm/Company
00 D 1 D 1 0
98 Buid Thomas Lone Dungs
Address
Duincy, 71 32352 City/State and Zip Code Lorry Locinon 120 gins (1, com R-mail address: (to be used for future annual report notification)
City/State and Zip Code
Lory Lodmon / 40 ginsil com
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
EJ\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate

Mailing Address

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE

(Must contain 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:
98 Dovid Thomas In	98 David Thomas Ly
Quincy 74 22352	Quiacy, 71 32357

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:

98 David Thomas /m

Florida street address (P.O. Boy NOT accentable)

Octive H 32352
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 positionas registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signmere (REQUIRED)

(CONTINUED)

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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" = Manageer	Drnj M. Lockman Tr. 98 David Thomas Jame Quincy, 41 32352
	SECR AL
(Use attachment if numerous)	ETARY OF STAT LAHASSEE, FL
(Use attachment if necessary)	FLATI 3
If an effective date is listed, the date must be spe he date of filing.)	of filing:
REQUIRED SIGNATURE:	<i>L</i>
This dogument is execute I am aware that any false	my or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
_lorny	Lodman Jr.
	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)