## L20000 266318

(Requestor's Name)	
(Address)	700351335
(Address)	700331333
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/01/20010190
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	- <del>-</del> -

Office Use Only



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024 **\*\***130.00

Derrick Thompson

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: VOIT Pressure CI	DECINEY LLC. Def Limited Liability Company
The enclosed Articles of Organization and fee	(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Mansel Dawles	Name of Person
Volt Pressure Ci	eaner LLC Firm/Company
8220 NW. 52nd	Street
Lauderhill, Fl manseldowsegmai	
For further information concerning this matter, p	· · · · · · · · · · · · · · · · · · ·
Mansel Dawles Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  □\$125.00 Filing Fee □\$130.00 Filing F  Certificate of Statu	
Mailing Address  New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:				
Volt Pressu (Must conta	ure Cleaner L	LC ability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	idress of the principal offi	ce of the Limited L	iability Company is:		
Principa	ll Office Address:		Mailing Add	dress:	
8220 N.W. Lauderhill, E	52ml Street 1 33351	<u> </u>	20 NW 52' deihill fr 3	13351	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Re	egistered Agent. Yo		ndividual or	
The name and the Florida street a	ddress of the registered a	gent are:		-	
	Mansel Da	MES		• •	
	1	Vame	<del>-</del>		
	\$220 NW 57	2nd Street			
	Florida street address (	P.O. Box <u>NOT</u> acc	eptable)		
	Lauderhill	Florida	33351		
	City	State	Zip	÷ +	
faving been named as registered a lace designated in this certificate, arther agree to comply with the pro m familiar with and accept the obl	l hereby accept the appoin ovisions of all statutes rela	tment as registered ting to the p <u>ro</u> per a	agent and agree to ac nd complete performa	t in this capacity. I nce of my duties, an	,

(CONTINUED)

Title:	
"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Margaer	Balston Davies
	8220 Niu 52 no street
	Laudernill, Fl 33351
an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must t edate of filing.)	not meet the applicable statutory filing requirements, this date will not be listed
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an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does a document's effective date on the Department of the Department o	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  a member or an authorized representative of a member.  xecuted in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)