Division of Corporations

4/9/2021

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.

(((H21000142684 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

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

Email Address: FAUSTINO. LEON9@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. VIP Pressure Washed LLC

Certificate of Status	ı
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

H21000142684

(Must end with the	Pressure Wa			C "or "I C ")	_	
(with the	c words Littlifed	Clabinty C	ompany, c.c.	C., Of LEC.)		
ARTICLE II - Address: The mailing address and street address	of the principal of	fice of the	Limited Liabil	ity Company is:		
Principal Office Address:	<u>Mallin</u>	g Addres	<u>s:</u>			
1107 Courtney Trace Dr, Apt	302			race Dr, Apt 302	2	
Brandon, FL 33511		Branc	lon, FL 335	11	_	
The name and the Florida street address	s of the registered :					
Faustino Le	Name		·			
4407.0						
	ney Trace Dr, address (P.O. Box					
Brandon	(33511			
Brandon	City	<u>FL</u>	Zip			
Having been named as registered agen the place designated in this certifica capacity. I further agree to comply w of my duties, and I am familiar with	te, I hereby accept ith the provisions o and accept the obli	the appoi f all statu	ntment as regis les relating to the I'my position as	tered agent and agree he proper and comple	e to act in this te performanc	ce
Register	ed Agent Signat	ure (REQ	UIRED)		20	
	Faustino L	.eon		<u> </u>	2021 APR -9	~ ;
	(CONTINUI	ED)		ţ	NAPR-9 PM12	#. t
	Page 1 of 2			:	<u>.</u>	i

H21000142684

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Faustino Leon	
	1107 Courtney Trace Dr. Apt 30	2
	Brandon, FL 33511	
		
(Use attachment if necessary)		
EV: Effective date, if other than the dat	te of filing: (OP pecific and cannot be more than five business day	
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) EVI: Other provisions, if any.		s prior to or 90 da
E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business day	s prior to or 90 da
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business day	s prior to or 90 da
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business day	s prior to or 90 da
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an (In accordance with section constitutes an affirmation)	pecific and cannot be more than five business day member or an authorized representative of a men in 605.0203 (1) (b), Florida Statutes, the execution of under the penalties of perjury that the facts stated h	nber. of this document terein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an (In accordance with section constitutes an affirmation I am aware that any false)	pecific and cannot be more than five business day the state of a men authorized representative of a men in 605.0203 (1) (b), Florida Statutes, the execution of	nber. of this document terein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an (In accordance with section constitutes an affirmation I am aware that any false)	pecific and cannot be more than five business day member or an authorized representative of a men in 605.0203 (1) (b), Florida Statutes, the execution of under the penalties of perjury that the facts stated h information submitted in a document to the Departr felony as provided for in s.817.155, F.S.) Faustino Leon	nber. of this document erein are true. ment of State
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an (In accordance with section constitutes an affirmation I am aware that any false)	pecific and cannot be more than five business day member or an authorized representative of a men in 605.0203 (1) (b), Florida Statutes, the execution of under the penalties of perjury that the facts stated h information submitted in a document to the Departr felony as provided for in s.817.155, F.S.)	nber. of this document erein are true. ment of State
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an (In accordance with section constitutes an affirmation I am aware that any false)	pecific and cannot be more than five business day member or an authorized representative of a men in 605.0203 (1) (b), Florida Statutes, the execution of under the penalties of perjury that the facts stated h information submitted in a document to the Departr felony as provided for in s.817.155, F.S.) Faustino Leon	nber. of this document erein are true. ment of State
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an (In accordance with section constitutes an affirmation I am aware that any false)	pecific and cannot be more than five business day member or an authorized representative of a men in 605.0203 (1) (b), Florida Statutes, the execution of under the penalties of perjury that the facts stated h information submitted in a document to the Departr felony as provided for in s.817.155, F.S.) Faustino Leon	nber. of this document erein are true. ment of State
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an (In accordance with section constitutes an affirmation I am aware that any false)	pecific and cannot be more than five business day member or an authorized representative of a men in 605.0203 (1) (b), Florida Statutes, the execution of under the penalties of perjury that the facts stated h information submitted in a document to the Departr felony as provided for in s.817.155, F.S.) Faustino Leon	nber. of this document terein are true.