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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
P CK-U	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
C	As Eway Officer
Special Instruction	to Filing Officer

Office Use Only





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ALLAĤAŜSEE, FLOI

CENTEDEL

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Corporation Name & Document Nu	(OFFICE USE ONLY) mber, (if known):
Pressure Cleaning ASAP, LLC	
(Business Name)	Document #
_X Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
£ Certificate of Status	2 <u>5</u>
NEW FILINGS	<u>AMENDMENTS</u>
ProfitNot for Profit _X_ Limited LiabilityDomesticationOther	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMerger
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ()	Trademark Other

EXAMINER'S INITIALS:____

COVER LETTER

	New Filing Section Division of Corporation	s					
SUBJEC	Pressure Cleaning AS						
SOBJEC	••	Name of Lim	ited Liabil	ity Company			
The enclo	sed Articles of Organizat	ion and fee(s) are	submitted	for filing.			
Please ret	urn all correspondence co	oncerning this mat	ter to the f	ollowing:			
	Verdie M. Williams						
			Name of	Person			
	JMC Multi Services, L	LC					
			Firm/Co	трапу		 -	— (2)
	2893 West Sunrise Bo	uelvard					<u>.≅</u> ,≭
			Addr	ess			-
	Fort Lauderdale, FL 3	3311				~*,	
		Ci	ty/State an	d Zip Code	**	h. ,	<u></u>
	jmcclsvs@gmail.com						<u>5</u>
	E-mail add	lress: (to be used	for future a	innual report notificati	on)		
For further	information concerning t	his matter, please	call:				
	Verdie M. Williams	954 at (4	791-1701			
	Name of Perso		ea Code	Daytime Telephon	e Number		
Unaloosid	is a check for the followi	na anvoint:					
	00 Filing Fee \$\equiv \mathbb{S}130	.00 Filing Fee & cate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□S160.00 Certificate Certified C (additional c	of Statu Lopy	ıs &
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL	on porations		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassec, FL 3230	nssee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pressure Cleaning AS			
(Must conta	in the words "Limited Lia	ability Company,	"L.L.C.," or "LLC.")
FICLE II - Address: mailing address and street ad	dress of the principal offi	ce of the Limited	Liability Company is:
Principa	l Office Address:		Mailing Address:
Joseph C. Sanzeri		3121	NORTHWEST 65TH DRIVE
TCLE III - Registered Age Limited Liability Company	cannot serve as its own Re	Registered Agei	Lauderdale, FL 33309 at's Signature: You must designate an individua
FICLE III - Registered Age	nt, Registered Office, & cannot serve as its own Rective Florida registration.	Registered Ager egistered Agent.	nt's Signature:
FICLE III - Registered Age Elimited Liability Company- her business entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration. ddress of the registered as	Registered Ager egistered Agent.) gent are:	nt's Signature:
FICLE III - Registered Age Elimited Liability Company- her business entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration. ddress of the registered as	Registered Ager egistered Agent.	nt's Signature:
FICLE III - Registered Age Elimited Liability Company- her business entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration. ddress of the registered as Joseph C. Sanzeri	Registered Ager egistered Agent.) gent are: Name	nt's Signature: You must designate an individua
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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 first for the 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..

(CONTINUED)

75 % NY 61 AFFILERS

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized M	Aember	
"MGR" = Manager		
MGR	Joseph C. Sanzeri	
WKIK	3121 NORTHWEST 65TH DRIVE	
	Fort Lauderdale, FL 33309	
		·
ffective date is listed, the d	her than the date of filing: May 19, 2021 (OPTIONAL) date must be specific and cannot be more than five business days prior to o	
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)