122000 132 868

(F	Requestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:



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Office Use Only
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T. SCOTT MAR 2 **§** 2022

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MillER'S Name of	Power Washing LLC 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:
JAMES +	CARLY Miller Name of Person
M:1/ER	Name of Person 2 'S Power Washing ILC Firm/Company
	Address Way
Dunedin	Florida 34698
Jdmill 19 E-mail address: (to be u	City/State and Zip Code O 1 0 100 1 000 sed for future annual report notification)
For further information concerning this matter, plo	ease call:
JAMES Miller at	813 245 - 8400 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	_
□\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Status	& □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section Division

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Muss 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:
Dunedin EL 34698 Dunedin EL	14 m/2 mp
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	an individual or
The name and the Florida street address of the registered agent are:	
JAMES Miller	_
Name	_
1580 Brandywine Way	_
Florida street address (P.O. Box NOT acceptable)	,
Dunedin Florida 34698 City State Zip	<u>, </u>
Having been named as registered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relating to the proper and complete perfor am familiar with and accept the obligations of my position as registered agent as provided for in Charles Registered Agent's Signature (REQUIRED)	o act in this capacity. I mance of my duties, and I
(CONTINUED)	₩ ¥ 22
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Title: AMBR" = Authorized Member	Name and Address:
MGR" = Munager (M) G R	JAMES Miller 1500 Grandywine WAM Duvedin # 34698
MGR	CARLY Miller 1500 Armodouline WAY Whench El 34698
AMBR	Ruan Miller / Morgan Mill 1540 Grandy wine Way Dunedon H 34638
AMBR	Chad Miller / ANdrew Ogon 1580 Grandy wine Way Duredin Fr 34698
V: Effective date, if other than the	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than to tive date is listed, the date must filing.) he date inserted in this block does tent's effective date on the Depar	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will no
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filing.) the date inserted in this block document's effective date on the Department's effetive date on the Department's effetive date on the Department's e	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than to crive date is listed, the date must filing.) the date inserted in this block document's effective date on the Department's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not rement of State's records. If a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State in degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than to trive date is listed, the date must filing.) the date inserted in this block document's effective date on the Depart EVI: Other provisions, if any. Signature of This document is I am aware that an constitutes a third	es not meet the applicable statutory filing requirements, this date will no rument of State's records. Of a member or an authorized representative of a member. Descevered in accordance with section 605.0203 (1) (b), Florida Statutes. The property of the property of the property of the partment of State.

ARTICLE IV-