

L22000262695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

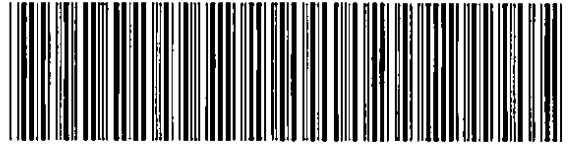
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REGISTRATION OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY -3 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN 10 PM 1:00

RECEIVED

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HOLY SPIRIT PRESSURE WASHING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY MESSER

Name of Person

Firm/Company

6295 ST JOE RD

Address

Tallahassee FL

City/State and Zip Code

JEFFREYMESSER10@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY MESSER at (850) 443-4692

Name of Person

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 &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2022

JEFFREY MESSER
6295 ST JOE RD
TALLAHASSEE, FL 32311

SUBJECT: HOLY SPIRIT PRESSURE WASHING LLC
Ref. Number: W22000057945

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUN 10 PM 4: 04

RECEIVED

We have received your document for HOLY SPIRIT PRESSURE WASHING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Complete the Registered Agents address. The AMBR Last Name is not legible and complete the address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A00010327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JUN 10 PM 1:00

Holy Spirit Pressure Washing LLC
(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6295 ST JOE RD
TALLAHASSEE FL 32311

6295 ST JOE RD
TALLAHASSEE FL 32311

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:

JEFFREY MESSER
Name

6295 ST JOE RD TALLAHASSEE FL
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32311
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 position as registered agent as provided for in Chapter 605, F.S..

Jeffrey C. Messer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~MGR~~

MGR

Name and Address:

~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

JEFFREY MESSER 6295 ST
TOP RD, INDIANHASS PP FL

(Use attachment if necessary)

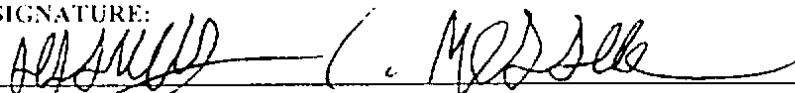
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JEFFREY C. MESSER

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN 10 PM 1:00

FILED