

L 222000376695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

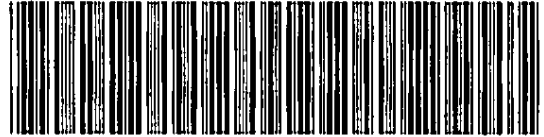
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/19/22--01022--023 **125.00

2022 AUG 19 AM 8:00
CLERK OF STATE
JULIE D. BROWN
D

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Atlas Pressure Washing, LLC
Name of 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:

Nathan Severson

Name of Person

Atlas Pressure Washing, LLC

Firm/Company

11900 Rocking Horse Lane

Address

Howey In The Hills, FL 34737

City/State and Zip Code

AtlasPressureWashingLLCFL@gmail.com

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

For further information concerning this matter, please call:

Nathan Severson

352

321-2308

at ()

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

2022 AUG 19 AM 8:00

FILED

DEPT OF STATE
CORPORATION DIVISION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Atlas Pressure Washing, LLC

(Must 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:

11900 Rocking Horse Lane
Howey In The Hills, FL 34737

Same as Principal

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:

Nathan Severson

Name

11900 Rocking Horse Lane

Florida street address (P.O. Box **NOT** acceptable)

Howey In The Hills

FL

34737

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.

Nathan Severson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 AUG 19 AM 8:00

STATE OF FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Nathan Severson
11900 Rocking Horse Lane
Howey In The Hills, FL 34737

MGR

Nathan Severson
11900 Rocking Horse Lane
Howey In The Hills, FL 34737

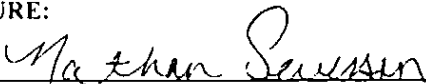
(Use attachment if necessary)

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.

Nathan Severson

Typed or printed name of signee

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)

2022 AUG 19 PM 9:01
FILED
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL

COVER LETTER

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Nathan Severson 352 321-2308
at ()
Name of Person Area Code Daytime Telephone Number

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- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
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(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
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FILED

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Same as Principal

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Name

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FL

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Nathan Severson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2022 AUG 19 AM 8:10
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

ARTICLE IV-

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"MGR" = Manager

Name and Address:

AMBR

Nathan Severson

11900 Rocking Horse Lane

Howey In The Hills, FL 34737

MGR

Nathan Severson

11900 Rocking Horse Lane

Howey In The Hills, FL 34737

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\$ 5.00 Certificate of Status (Optional)

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DEPT OF STATE
CORPORATION
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