

# L23000386083

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6381

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### FLORIDA LIMITED LIABILITY CO. Pat's Painting and Pressure Washing, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pat's Painting and Pressure Washing, LLC

(Must end with 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:

1717 Baltimore Drive  
Orlando, FL 32810

1717 Baltimore Drive  
Orlando, FL 32810

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:

Wendy Glasgow Sampeur

Name

5433 Regal Oaks Circle

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

Orlando

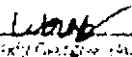
City

FL 32810

Zip

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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 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..*

  
Printed Name of Registered Agent

Registered Agent's Signature (REQUIRED)

Wendy Glasgow Sampeur

(CONTINUED)

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**ARTICLE IV-**

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

Title:  
 "AMBR" = Authorized Member  
 "MGR" = Manager  
AMBR

Name and Address:  
 Patrick Glasgow  
 766 Haddonstone Circle, 106  
 Lake Mary, FL 32746

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(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.)

**ARTICLE VI:** Other provisions, if any.  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED SIGNATURE:** Patrick Glasgow  
 Patrick Glasgow - Jul 16, 2023 12:16 EDT

**Signature of a member or an authorized representative of a member.**  
 (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Patrick Glasgow  
 Typed or printed name of signee