# L23000453018

|                         | (Requestor's Name)       |             |
|-------------------------|--------------------------|-------------|
|                         | (Address)                |             |
|                         | (Address)                | <del></del> |
|                         | (Crty/State/Zip/Phone #) |             |
| PICK-UP                 | wait                     | MAIL        |
|                         | (Business Entity Name)   |             |
|                         | (Document Number)        |             |
| Certified Copies        | Certificates of S        | Status      |
| Special Instructions to | o Filing Officer:        |             |
|                         |                          |             |
|                         |                          |             |
|                         |                          |             |
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2023 to - F

# **COVER LETTER**

| TO: New Filing Section Division of Corporations                              |  |
|--|--|
| SUBJECT: bpa Bottom, Delai<br>Name of Lin                                    | ling. Pressure washing, BLaun CARe LL  |
| The enclosed Articles of Organization and fee(s) ar                          | e submitted for filing.  |
| Please return all correspondence concerning this ma                          | atter to the following:  |
| Gregory Martin   | Name of Person   |
| Top a Bottom Det   | Thing Pressure washing & Laun CARE Firm Company  |
| 2721 Peachtreep  | RIVE TALLAHASIE FKYKA Address 32304  |
| Tallahasse, Fl   | OLICA,<br>ity/State and Zip Code   |
| Gregory 61163 6 c<br>E-mail address: (to be used                             | for future annual report notification)   |
| For further information concerning this matter, please                       | call:  |
| Greggy Maetinal ( &  | rea 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 ficlosed) |
| Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327 | New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810   |
| Tallahassee, FL 32314  | Tallahassee, FL 32303  |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

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: | <u>Mailing Address:</u>            |
|---------------------------|------------------------------------|
| 2721 Reach tree Drive     | 2721 Peachtree Brise Talkhasse FLA |
| Tallahaisea FLA           | Talkinggor FLA                     |
| 32304                     | 20304                              |

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:

| Micha                | e) decger                      |         |             |        |
|----------------------|--------------------------------|---------|-------------|--------|
|                      | Name                           |         | <del></del> |        |
| 942                  | CAPHAI CIVILLE                 | NW      |             |        |
| Florida street addre | ess (P.O. Box <u>NOT</u> accep | otable) |             | - 12   |
| W TO                 | Talkhasse                      | Acrida  | 32304       | SOHEON |
| City                 | State                          | Zip     | <del></del> |        |

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..

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager   | Name and Address:  |
|---|--|
| Gregary Mortin<br>Michael Jerger  | Aprinage for the derve things for the derve derve things for the derve things for the state of t |
| an effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does n | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as  |
| document's effective date on the Departm TICLE VI: Other provisions, if any.                                  | ent of State's records.  |
| REOUIRED SIGNATURE: Signature of a  | Man January of a momber.   |
| l am aware that any f<br>constitutes a third de   | false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  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)

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