

**124000460173**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000359941 3)))



H240003599413ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS FILINGS INC  
Account Number : 120220000042  
Phone : (786)370-2432  
Fax Number : (786)866-6349

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: manoloian2004@yahoo.com

**FLORIDA LIMITED LIABILITY CO.  
PRIME CLEANING AND MAINTENANCE SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2024 OCT 30 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

2024 OCT 30 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FL

KB

(((H24000323506 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PRIME PRESSURE WASHING CC 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:2032 NE 5TH PL  
CAPE CORAL FL 339092032 NE 5TH PL  
CAPE CORAL FL 33909**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:

CABRERA MIJARES, ADRIANO


Name

2032 NE 5TH PLFlorida street address (P.O. Box **NOT** acceptable)CAPE CORAL FL 33909

City

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.*

  
Adriano Mijares (Oct 29, 2024 11:38 AM)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H24000323506 3)))

FILED  
2024 OCT 30 AM 11:38  
TALLAHASSEE, FL  
STATE

(((H24000323506 3)))

**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:**

CABRERA MIJARES, ADRIANO

2032 NE 5TH PL

CAPE CORAL FL 33909

Mr. ...  
Secretary

ARTICLE V:

...

...

(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:**

  
Adriano Cabrera Mijares, Secretary

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.

CABRERA MIJARES, ADRIANO

Typed or printed name of signer

Attest:  
Secretary

...

FILED  
2024 OCT 30 AM 11:38  
FLORIDA STATE  
DEPARTMENT OF STATE

(((H24000323506 3)))