

L04 000082841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

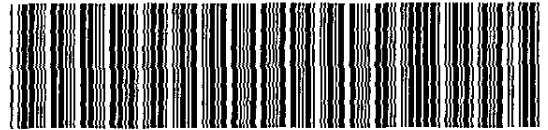
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Filed
11-16-2004

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Water Express Wash 2, 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:

Earl May
1017 Summerbrooke Drive
Tallahassee, Florida 32312

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:


The name and the Florida street address of the registered agent are:

Earl May
Name

1017 Summerbrooke Drive
Florida street address (P.O. Box NOT acceptable)

Tallahassee, Florida 32312 FL
City, State, and 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 608, F.S.



Registered Agent's Signature

04
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2007
STATE
SECRETARY
FLORIDA

(CONTINUED)

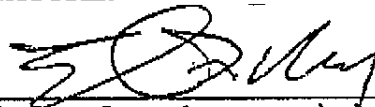
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGMR</u>	<u>Mayco Automotive, Inc.</u> <u>1017 Summerbrooke Drive</u> <u>Tallahassee, Florida 32312</u>
<u>MGMR</u>	<u>Kenneth Tyrrell</u> <u>200 Sugar Plum</u> <u>Tallahassee, Florida 32312</u>
<u>MGR</u>	<u>Bill Tyrrell</u> <u>5246 S.E. Orange Street</u> <u>Stuart, Florida 34997</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Earl May

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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04 NOV 16 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA