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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: New Filing Section
Division of Corporations
SUBJECT: 15 STOP AICTION Detail No Company
SUBJECT:
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:
r lease return an correspondence concerning this matter to the rono wing.
0x105 Maldonado.
Name of Person
Name of Person
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Jag E Right / hd
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Address
i_{1} i_{2} i_{3} i_{4} i_{5} i_{5
MI Way 71 523 43
City/State and Zip Code
Mallondo 01.470 Gnall. Con
E-mail address: (to be used for future annual report notification)
resident to the second of the
For further information concerning this matter, please call:
Cox 10 5 Ma Worldw at (\$50) 661-5736 Name of Person Area Code Daytime Telephone Number
(0x105 / (a Worker at (2) 50) 6 01 5 100
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int\\$130.00 Filing Fee & \int\\$155.00 Filing Fee & \int\\$160.00 Filing Fee.
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, Ft. 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
	Auto Detalling LL
(Must contain the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:
709 F Brickyard Ad Midvay St.	709 E Blick Land Rd Midwer S132343
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or

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

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- The name and address of each person	authorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Luis Bernordi
1 . 7 0	
AMBK	709 E Brickyard Rd
	Midway 51 32343
	alos Maldonodo
1 100	A to the Division of Red
FM13K	109 E prichyaro 119
'	<u> </u>
(Use attachment if necessary)	
date of filing.) E: If the date inserted in this block does n document's effective date on the Departm FICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed as tent of State's records.
Trend vi. Oner provisions, many.	
REQUIRED SIGNATURE:	
This document is ex I am aware that any:	n member or an authorized representative of a member, recuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State regree felony as provided for in s.817.155. F.S.
	Typed or printed name of signee Filing Fees: Aos Maldond's
	Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optiona \$ 5.00 Certificate of Status (Op	
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