L220000 31360

(R	Requestor's Name)
(A	Address)
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(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
/P	Business Entity Name)
(1)	Susmess Limity Name,
(0	Document Number)
Certified Copies	Certificates of Status
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Special Instructions to F	Filing Officer:

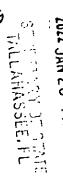
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RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Rand & Buffing and Pressure wasning Lompany LL 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:
Pilnzid Summers Name of Person
Firm/Company
Address
City/State and Zip Code
Richard Commerce 76@ Yanza.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Status S155.00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status S

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R^{γ}	П	CI	F.	I -	N	ame	

The name of the Limited Liability Company is:

Pand R Buffing and Prescure was 11,19 Laft Pany
(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:			Address:	Mailing Address:		
^	^	17 27	17 TI	P. o Bot 882 midney F1 32343		
-		2640 D	1d Bain bridge			

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:

Lorrence	Summ	crs	.	
	Name			
26600101	32inb1	jd ge	Rd. #	1307
Florida street address	(P.O. Box <u>NO</u>	$oldsymbol{T}$ acceptable))	
TAllzhasse	p FL	_323	309	
City	State	:	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Richard Shommers III 206, Old Brinbeisc Rd: 1307 323,23
Manader	Pilned Summers JR 1660 sid Bainbrise Rd 1307 32305
(Use attachment if necessary)	
the date of filing.)	e specific and cannot be more than five business days prior to or 90 days afte not meet the applicable statutory filing requirements, this date will not be listed
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	more
Signature of This document is en I am aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Rich	Typed or printed name of signee

as

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

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 (Control of Status (Cont

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)