# L02000015058

Ber	vry & Greusei		
110-	Attorneys at Law mber of Commerce Plaza North Collier Boulevard Co Island, Florida 34145		
City/State/	Zip Phone	UU	5,669362 14/0201035007 ** <b>#5</b> 5.00 ***** <b>/5</b> 5.00
COPPOD A TION	INAME(S) & DOO	Office Use Only	
CORTORATIO	MANIE(S) & DUC	MENT NUMBER(S), (if known):	
1. <u>60004</u>	CS DETAIL	g Shop L.L.C.	<del></del>
2(C	orporation Name)	(Document #)	<u> </u>
3	orporation Name)	(Document #)	
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4(C	orporation Name)	(Document #)	<u> </u>
☐ Walk in	Pick up time	Certified	
Mail out	☐ Will wait	Photocopy	
NEW FILINGS		AMENDMENTS	NRIDA RIDA
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Dir Change of Registered Agent Dissolution/Withdrawal Merger	ector
OTHER FILING	<u>GS</u>	REGISTRATION/QUALIFICATION	<u>ON</u>
☐ Annual Report ☐ Fictitious Name		Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials 7

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

BOBBY C'S DETAILING SHOP, L.L.C.

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

ROBERT P. CANNIZZARO, 9600 Victoria Lane, Naples, FL 34109

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

JAMIE B. GREUSEL

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

	Name		-		
	1104 N. COLLIE	R BLVD.			
	Florida street address (P.O. B	Box NOT acceptab	le)	• •	*· * -·· =
	MARCO ISLAND	<sub>FL</sub> 34145			
	City, State, an	id Zip			
liability company at the parent and agrees that the properties relating to the properties accept the obligations of a second accept the obligation of a second accept the	gistered agent and to accept so lace designated in this certific to act in this capacity. I further and complete performantly position as registered agent (Check box if applicable of Company is to be managed company.	cate, I hereby acther agree to co ce of my duties, nt as provided for gent's Signature	cept the appointm mply with the pro and I am familiar or in Chapter 608,	ent as visions of all with and F.S.	
Signal (In ac of thi	tional article must be added in the following formula ture of a member or an authorization of the following formula the facts stated herein are true.)	ed representative	of a member.	N I I AM 9: 50 NASSEE, FLORIDA	1
	ROBERT P. CA				
	Typed or printed nar	me of signee			
	Filing Fees:				

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)