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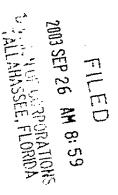
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Auto Detailers, ELC (Name of Limited Liability Company)	<u>.</u>
The enclosed Articles of Organization and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	(1
Please return all correspondence concerning this matter to the following: Dale Ford (Name of Person)	! ال
Florida Auto Detailers, LLC (Firm/Company)	
7209 114th Avenue N., Suite E (Address)	
Largo, FL 33773 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Dale Ford at (727) 439~7500	
(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

J. BRYAN SEP 1 7 200308



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 17, 2003

DALE FORD FLORIDA AUTO DETAILERS, LLC 7209 114TH AVENUE N., STE. E LARGO, FL 33773

SUBJECT: FLORIDA AUTO DETAILERS, LLC Ref. Number: W03000026608

AMS SECTIONS AND ASSESSED TO THE PARTY OF TH

We have received your document for FLORIDA AUTO DETAILERS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 503A00051571

Lovey Bryan.

I am enclosing a mo for \$175.00 to secure the name Florida Auto Detailer

Please Let me vinour you received this.

> 727-546-5355 or 727-439-7500

Please ask for Dale Ford or Chuck Cannon.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	Florida	Auto	Detailers,	LLC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office o	f the Lii	nited Liability Co	ompany is:

Principal Office Address:		Mailing Address:	
7209 114th Avenue N.	<u> </u>	7209 114th Avenue N.	
Suite E		Suite E	
Largo, FL 33773		Largo, FL 33773	

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

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

Name

7209 114th Avenue N., Suite E
Florida street address (P.O. Box NOT acceptable)

Largo FL 33773 1

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

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Dale Ford 7209 114th Avehue N., Suite E Largo, FL 33773
	Territory of the second

<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 sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
Dale Ford Typ	ed or printed name 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)

Page 2 of 2