

W40000 51415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

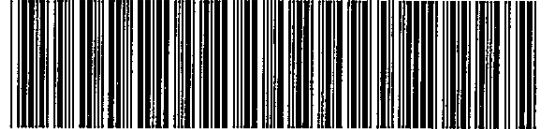
(Business Entity Name)

(Document Number)

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07/08/04
01023
005

W4-51415

OK

EFFECTIVE DATE

8-1-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO-CLEAN AUTOMOTIVE DETAIL SERVICE, LLC
(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:

MICHAEL CAPELLE PAUL

(Name of Person)

PRO-CLEAN AUTOMOTIVE DETAIL SERVICE, LLC

(Firm/Company)

1509 FLORIDA AVE.

(Address)

LYNN HAVEN, FL 32444

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE

(Name of Person)

at (850) 785-4412

(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

FILED
TALLAHASSEE, FLORIDA

06-15-09 PM 2:15

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO-CLEAN AUTOMOTIVE DETAIL SERVICE, LLC

ARTICLE II - Address:

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

Principal Office Address:

1509 FLORIDA AVE.

LYNN HAVEN, FL 32444

Mailing Address:

1509 FLORIDA AVE.

LYNN HAVEN, FL 32444

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

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

MICHAEL CAPELLE PAUL

Name

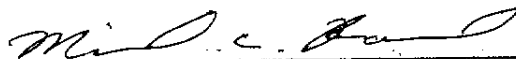
1509 FLORIDA AVE.

Florida street address (P.O. Box **NOT** acceptable)

LYNN HAVEN, FLORIDA 32444

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, Florida Statutes..



Registered Agent's Signature

FILED
JUL 2 2004
TALLAHASSEE, FLORIDA
SOLICITOR GENERAL

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MICHAEL CAPELLE PAUL

2501 MINNESOTA AVE.

LYNN HAVEN, FL 32444

(Use attachment if necessary)

ADD ARTICLE - ARTICLE V - EFFECTIVE DATE

The effective date of this Company shall be AUGUST 1, 2004.

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.)

MICHAEL CAPELLE PAUL

Typed or printed name of signer

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)

FILED
05 JUL -8 PM 2:14
TALLAHASSEE, FLORIDA