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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE POLISHING SHOP OF FORT LAUDERDALE, 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:
(Name of Person)
THE POLISHWESHOP OF FORT LANDERDANE, LLC (Firm/Company)
Z875 W. PROSPECT RD (Address) FT. LANDERDANE, FL. 33309 (City/State and Zip Code)
FT. LANDERDAVE, FL. 33309 (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (454) 735-2552 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Bigcup \\$155.00 Filing Fee & Bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	1 march 12
The Polishing Shop of FOR	TLANDERPARE, LLC
ARTICLE II - Address: The mailing address and street address of the principal of	
Principal Office Address:	Mailing Address:
2875 West PROSPECT Rd	SAMe
FL 33309	
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered	d agent are:
TEORSE J. COWE Name 1875 West Prospect Florida street address (P.O. Box NO FORT LANDELDOW FL. City, State, and Zip	Rd. ASSEE BO

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" = Manage	Name and Address:		
"MGRM" = Mana			
MgR	GEORGE COWEN 2875 WEST PROSPECT Pd FORT LAUDERDAIR FL 33309		
		-	
(Use attachment i	f necessary)		
NOTE: An addi	tional article must be added if an effective date is requested.		
REQUIRED SIG	CNATURE:		
	Signature of a member of an authorized representative of a member.	05 FEB -3	푸
	(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.)	3 PM 12	LED

Filing Fees:

J. Cower Typed or printed name of signee

\$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)