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	INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666			
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1.9	CERTIFIED COPY			
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3.	(CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)			
1.	(CORPORATE, NAME AND DOCUMENT II)			
<b>5.</b>	(CORPORATE NAME AND DOCUMENT //)			
5. 3.				
3.	(CORPORATE NAME AND DOCUMENT II)			

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	For Son
The name of the Limited Liability Company is	
Premium Car Wash II, LLC	
(Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	TO SO
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8618 Great Cove Drive	8618 Great Cove Drive
Orlando, Florida 32819	Orlando, Florida 32819
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:

lagdish Singh
Name
3618 Great Cove Drive
Florida street address (P.O. Box NOT acceptable)
Orlando, Florida 32819 FL
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 (REQUIRED)

(CONTINUED) Page 1 of 2

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	Jagdish Singh 8618 Great Cove Dr. Orlando FL 32819
MGRM	Sandlas United Corporation 8618 Great Cove Dr. Orlando FL 32819
<u> </u>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	antil.
(In accordance with se	er or an authorized representative of a member. Ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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 (Optional)

SAMRINDER SINGH

that the facts stated herein are true.)

Typed or printed name of signee