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DEPARTMENT OF STATE
DIVISION OF CURPORATION

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: MHchell Auto Detailing & Pressure Cleaning Services
(Name of Limited Liability Company)

LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael C. Mitchell		
(Name of Person)		
Mitchell Auto Defail & Pressure	Cleaning	Services
(Firm/Company)	<u> </u>	LLC
3398 S.W. S.R. 14		
(Address)		
Madison FC 32340		·
(City/State and Zip Code)		

For further information concerning this matter, please call:

Michael Mitchell at (850) 464-0669

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee &

Certificate of Status

ρ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

p \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Mitchell Auto Detailing  (Must end with the words "I imited Liability Company "Lin	Mitted Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3398 S.W. S.R., y Madisin Fl 32340	<u>SAME</u>
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the Michael L. Nar	
Nar 3398 S. W.	
	address (P.O. Box NOT acceptable)
Madisin City, Stat	• •
Having been named as registered agent and the liability company at the place designated is registered agent and agree to act in this capuall statutes relating to the proper and compand accept the obligations of my position as	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S.
Mill a	Mitchel
Registered Agent's Sig	nature (REQUIRED)  SEURE IAR TALLAHASS
(CONT)	INUED)
Page 1	of2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	Michael C Mitchell 3398 S.W. S.R. 14 Madisun Fr 32340
·	
	·
(Use attachment if necessary	_
ICLE V: Effective date, if other	er than the date of filing: 12 - 20 - 06 (OPTIONAL late must be specific and cannot be more than five business filing.)
ICLE V: Effective date, if other of effective date is listed, the control of the date of the date of the REQUIRED SIGNATURE	er than the date of filing: 12 - 20 - 06 . (OPTIONAL late must be specific and cannot be more than five business filing.)
ICLE V: Effective date, if other of effective date is listed, the control of the date of the effective days after the date of the effective days after the date of the effective date of the effective date, if other days after the date of the effective date, if other days after the effective date, if other date of the effective	er than the date of filing: 12 - 20 - 06 . (OPTIONAL late must be specific and cannot be more than five business filing.)

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of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)