

LOT 0000 28313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

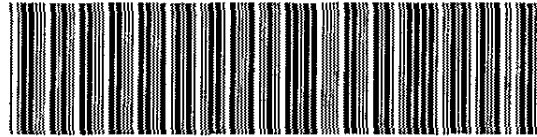
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 MAR 14 PM 1:00  
SECRETARY OF STATE  
PALM BEACH COUNTY, FLORIDA

3-15  
Cust  
LOT-11867

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Eagle Eye Detailing 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:

Tony Guerra

(Name of Person)

Eagle Eye Detailing LLC

(Firm/Company)

640 NW 157th Ave

(Address)

Pembroke Pines, FL, 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Guerra

(Name of Person)

at ( 954 ) 558-8704

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

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07 MAR 14 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2007

TONY GUERRA  
640 NW 157TH AVE  
PEMBROKE PINES, FL 33028

SUBJECT: EAGLE EYE DETAILING LLC  
Ref. Number: W07000011867

We have received your document for EAGLE EYE DETAILING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 507A00016967

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Eagle Eye Detailing L.L.C

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

640 NW 157<sup>th</sup> Ave  
Pembroke Pines, FL, 33028

#### Mailing Address:

640 NW 157<sup>th</sup> Ave  
Pembroke Pines, FL, 33028

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)


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

Tony Guerra  
Name

640 NW 157<sup>th</sup> Ave  
Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines, FL, 33028  
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

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TALLAHASSEE FLORIDA

**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:**

MGR

Tony Guerra  
640 NW 157th Ave  
Pembroke Pines, FL, 33028

MGR

Daniel Guerra  
640 NW 157th Ave  
Pembroke Pines, FL, 33028

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Tony Guerra  
Typed or printed name of signer

**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)

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07 MAR 14 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA