

L07000053655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

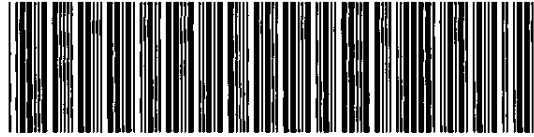
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Detail-Pro Supplies, LLC*

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

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

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I**

The name of the limited liability company is:

DETAIL-PRO SUPPLIES, LLC

**ARTICLE II**

The mailing and street address of the Company's principal office is:

12465 Country Day Circle  
Fort Myers, FL 33913

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

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#### ARTICLE IV

The name and Florida street address of the initial registered agent is:

**SUZANNE F. CHRISTENSEN**  
**12465 Country Day Circle**  
**Fort Myers, FL 33913**

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 the 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.

Registered Agent Signature:

  
**SUZANNE F. CHRISTENSEN**

## ARTICLE V

The name and address of managing members/managers are:

Title: Managing Member

SUZANNE F. CHRISTENSEN  
12465 Country Day Circle  
Fort Myers, FL 33913

Title: Managing Member

MATTHEW L. CHRISTENSEN  
12465 Country Day Circle  
Fort Myers, FL 33913

## ARTICLE VI

The effective date for this Limited Liability Company shall be:

Upon filing with the Secretary of State.

Signature of member or an authorized representative of a member:

  
\_\_\_\_\_  
SUZANNE F. CHRISTENSEN, Managing Member

  
\_\_\_\_\_  
MATTHEW L. CHRISTENSEN, Managing Member