## L08000001293

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
	-	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100113461441

01/03/08--01032--018 \*\*160.00

15/58 01

SECRETARY OF STATE DIVISION OF CORPORATIONS ON SECRETARY OF STATE ON SECRETARY OF STATE OF SECRETARY OF STATE OF SECRETARY OF STATE OF SECRETARY OF STATE OF SECRETARY OF SECRETARY OF STATE OF SECRETARY O

J. BRYAN

JAN - 4 2008

EYANINED

## CÓVER LETTER

TO:	Registration S Division of Co						
SUBJE	ECT: JC CA	RWASH, LLC					
		(Name of Limi	ted Liability Comp	any)		•	
The en	closed Articles o	of Organization and fee(s) are	submitted for filin	g.			
Please	return all corresp	condence concerning this mat	tter to the following	3:			
	JUAN CAI	RLOS MACHADO	)				
			(Name of Person)				
	JC CARW	/ASH, LLC					
	· · · ·	. –	(Firm/Company)				
	4600 W 1	2 Avenue				08	DIVISI
			(Address)			R	紀元
	Hialeah, F	<sup>-</sup> L 33012				JAN -3 PH 2: 21	SAY C
		(Ci	ty/State and Zip Code	<del>2</del> )		꿒	왕 왕 왕
For fur	ther information	concerning this matter, pleas	e call:			2: 24	AFFERS
Juar	Carlos M	achado	_ <sub>at (_</sub> 305	, 903-322	22		
	(Name	e of Person)	(Area Cod	le & Daytime Te	elephone Number)		
Enclos	ed is a check for	or the following amount:			•		
□\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	ру	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	atus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Addression Section of Corporation Building ecutive Center see, FL 32301	ns		

	Section 1975
ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
JC CARWASH, LLC	FLORIDA LIMITED LIABILITY COMPARY  y is:
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
511 W 39 STREET	511 W 39 STREET
HIALEAH, FL 33012	HIALEAH, FL 33012
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the service of the	Registered Agent. You must designate an individual or another
	ELLECIME
JUAN CARLOS N	<del></del>
	ame
511 W 39 STREE	
511 W 39 STREE	et address (P.O. Box <u>NOT</u> acceptable)
511 W 39 STREE Florida stree HIALEAH, FL 330	et address (P.O. Box <u>NOT</u> acceptable)
511 W 39 STREE Florida stree HIALEAH, FL 330	et address (P.O. Box <u>NOT</u> acceptable)

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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" = Manager "MGRM" = Managing Member		Name and Address:	
MGR	(	JUAN CARLOS MACHADO  511 W 39 STREET	
		HIALEAH, FL 33012	
			SECRET SECRET
·			
			PM 2:
			2: <b>25</b>
			· · · ·

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>December 28, 2007</u>. (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.

Typed or printed name of signee

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)

Page 2 of 2