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SECRETARY OF STATE

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EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: PER	FECTED PAR (Name of Limited	EXING LLC ILiability Company)		
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.		
Please return all correspondence	ondence concerning this matter	r to the following:		
	RZY MARIA	A WELECKI Name of Person)		
PERF		RILING LLC Pirm/Company)	·	
343	F3 W4 1	S+ (Address)		
COCONU	CREEK,	FLORIDA 3 State and Zip Code)	2008 MAY - SECRETAF TALLAHAS	
For further information c	oncerning this matter, please o	eall:	1 PF SEE,J	
JERZY W	OF Person)	at (<u> </u>	PH -: 40 PH -: 40 Phone Number)	a de la companya de l
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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	IC	LE	1 -	Na	me:

The name of the Limited Liability Company is:

PERFECTED PARKING L1 C.

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
SH31 NW 675+ COCONUT CREEK, FL 33073	3/31 NW 67 ST. 2000 COCONT CREEK, 020 3
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or mother
3431 NW 6	

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	Name and Address:
"MGRM" = Managing Member	JERZY MARIA WIELECKI 3431 NW 67 St COLOMUT CREEK, FL, 33073
·	SECRET
	AAY -1 PM RETARY OF AHASSEE.F
(Use attachment if necessary)	STATE LORIE
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days pr

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.)

DERZY MARIA WIELECK
Typed or printed name of signce

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)