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SECRETARY OF STATE
SECRETARY OF FLORID.

COVER LETTER

Division of Corporations	
SUBJECT: Nice Guys Cae (Name of Limit	Wash, LLC
(Name of Limit	ted Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Chris AcKERMAN	(Name of Person)
Nice Guys Car Wa	(Firm/Company)
808 SE 9th ST.	(Address)
FT. Lauderdale, F	L 33316 ty/State and Zip Code)
For further information concerning this matter, pleas	e call:
Chris Ackerman (Name of Person)	at (954) 654 -0404 (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 & S160.00 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



October 3, 2008

CHRIS ACKERMAN 808 SE 9TH STREET FORT LAUDERDALE, FL 33316

SUBJECT: NICE GUYS CAR WASH, LLC

Ref. Number: W08000045746

We have received your document for NICE GUYS CAR WASH, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 708A00052525

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:
The name of the Limite

The name of the Limited Liability Company 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 principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
808 SE 9th ST. FT. Lauderdale, FL 33316	808 SE 9th St. Fort Lauderdale, FC 33316
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 results	egistered agent are: All SSE PROPERTY OF THE

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)

<u>Title:</u> "MGR" = Manag "MGRM" = Mana		Name and Address:
Manager	_	Chris Ackerman 808 SE 9 ST. FT. Landerdale, FL 33316
		
(Use attachment i	f necessary)	
LE V: Effective of	late, if other than the ed, the date must be	date of filing: (OPTION e specific and cannot be more than five business da
LE V: Effective of fective date is list	late, if other than the ed, the date must be te of filing.)	date of filing: (OPTION e specific and cannot be more than five business da
LE V: Effective of fective date is list days after the da	late, if other than the ed, the date must be te of filing.) ENATURE:	e specific and cannot be more than five business da

\$125.00 Filing Fee for Articles of Organization and Designation

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