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**EXAMINER** 

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Joy Ride Auto Spa, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

FAX AUDIT # 409001512363

## ARTICLES OF ORGANIZATION OF Joy Ride Auto Spa, LLC

ARTICLE 1

NAME

The name of the limited liability company shall be: Joy Ride Auto Spa, LLC

**ARTICLE II** 

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1319 SW 5th Avenue, Boca Raton, Florida 33432.

**ARTICLE III** 

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Raul Pujol, 1319 SW 5th Avenue, Boca Raton, Florida 33432. Located in the County of Palm Beach.

ARTICLE IV

**DURATION** 

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Raul Pujol, 1319 SW 5th Avenue, Boca Raton, Florida 33432

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: June 17, 2009

WI 53717

(608) 827-5300

FAX AUDIT # 109001512313

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FAX AUDIT # 1090001512363

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Joy Ride Auto Spa, LLC

The name and address of the registered agent and office is Raul Pujol, 1319 SW 5th Avenue, Boca Raton, Florida 33432. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature

ignature.

Date: 6/20/09

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FAX AUDIT # 4090001512343

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SECRETARY JESTATE
TALLAHASSEE FLORIDA