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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT:	Preihs Enterp	ises/Keys Car Wash, LLC	
		Name of Limi	l Liability Company	
The en	sclosed Articles	of Organization and fee(s) are	ibmitted for filing.	
Please	return all corre	spondence concerning this mat	to the following:	
		Jo	Miklas, Esq.	
			Name of Person	
		Jo	Miklas, P.A.	
			Firm/Company	
			O. Box 366	
			Address	
			orada, FL 33036	
			State and Zip Code	
			obscarwash.com r future annual report notification)	
For fu	rther information	n concerning this matter, pleas	call:	
		nela Setchell	at (305) 852-722	
	Nam	e of Person	Area Code & Daytime Telephone Nu	mber
Enclo	sed is a check	for the following amount:		
] \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	0 Filing Fee, cate of Status & led Copy anal copy is enclosed
		Mailing Address Registration Section	Street/Courier Address Registration Section	
		Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:		
Preihs Enterprises/Ke		C.")	-
ARTICLE II - Address: The mailing address and street address of the	principal office of the Lim	nited Liability	Company is:
Principal Office Address:	Mailing Address:		
11050 Overseas Highway Marathon, FL 33050 ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	gistered Agent. You must designate	22401 Agent's Signa	
The name and the Florida street address of th			
	Joe Miklas Name		
88765 Overs		SECRETAR VISION OF C	
Florida street address (P		9 2 P	
Tavernier FL 33070) _{FL}		
City, State	e, and Zip		PH 70 See See See See See See See See See Se
Having been named as registered agent and the liability company at the place designated in this capacitation agent and agree to act in this capacitation.	n this certificate, I hereby a	ccept the appo	stateā limitēds pintm en t as Fr

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:		Name and Address:	
"MGR" = Manage "MGRM" = Mana			
	2B 1		
MGRM	_	Rob Preihs	
		1711 Carl D. Silver Pkwy.	
		Fredericksburg, VA 22401	
	_		
	_		
· · · · · · · · · · · · · · · · · · ·	-		
	_		
(Use attachment if	necessary)		
ARTICLE V: Effective da	ite if other than the date	e of filing:	(OPTIONAL)
If an effective date is liste	d, the date must be sp	ecific and cannot be more than five b	usiness days prior
o or 90 days after the date	-		• •
DEQUIDED GIG	NATION A		
<u>REQUIRED</u> SIG	NATUREN		
	$\Delta n \lambda$		
S	ignature of a member or	an authorized representative of a member	•
(In accordance with section	608.408(3), Florida Statutes, the execution	
, •	of this document constitute that the facts stated herein a	s an affirmation under the penalties of perjur	√
`		pe Miklas, Esq.	
	Typed o	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)