

L10000089757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

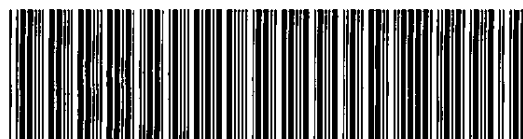
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EFFECTIVE DATE

9/01/10



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08/25/10--01006--008 **130.00

FILED
10 AUG 25 AM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 16 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHOICE MOBILE DETAILING,LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTOR MCCLEOD

Name of Person

CHOICE MOBILE DETAILING, LLC

Firm/Company

5021 W OAKLAND PARK BLVD 207

Address

LAUDERDALE LAKES, FLORIDA 33313

City/State and Zip Code

VMCCLEOD@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR MCCLEOD

Name of Person

at (954) 478-4678

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 & 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

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10 AUG 25 AM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHOICE MOBILE DETAILING, LLC

(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:

5021 W OAKLAND PARK BLVD

207

LAUDERDALE LAKES, FL 33313

Mailing Address:

5021 W OAKLAND PARK BLVD

207

LAUDERDALE LAKES, FL 33313

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

VICTOR MCCLEOD

Name

5021 W OAKLAND PARK BLVD 207

Florida street address (P.O. Box **NOT** acceptable)

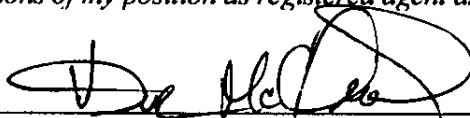
LAUDERDALE LAKES

FL 33313

City, State, and Zip

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10 AUG 25 AM 10
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE

9/01/10

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

PD

VICTOR MCCLEOD

5021 W OAKLAND PARK BLVD 207

LAUDERDALE LAKES, FL 33313

MGR

TONY D. SPELLS

5021 W. OAKLAND PARK BLVD 207

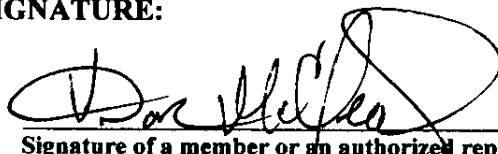
LAUDERDALE LAKES, FL 33313

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/01/10 (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.)

VICTOR MCCLEOD

Typed or printed name of signee

FILED
10 AUG 25 AM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)