## L10000116565

(Requestor's Name)
(Address)
(188,000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
0-46-40-50-50-50-50-50-50-50-50-50-50-50-50-50
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



600187277476

11/08/10--01027--028 \*\*130.60

2010 NOV -8 PH 1:0

## **COVER LETTER**

TO:	Registration of Division of	on Section Corporations			•			
SUBJI	ЕСТ:	Sonic	CAR	WASH	Syste	M 5	LLC.	
		Nam	e of Limit	ed Liability Com	pany			
The en	closed Article	es of Organization and	fee(s) are	submitted for fili	ng.			
Please	return all corr	respondence concernin	g this matt	ter to the followi	ng:			
		Sco	ττ Ε	. HOLM	٤S			
				Name of Person				_
		SONIC	CAR	WASH	SYSTER	15 4	<u></u>	
	<b>~</b> .							
	36 	o w. Co	COA		CSWY	<u> </u>	<u> </u>	
	Co	COA BEAG	ed .	Address FLORIT	3.	2931	Po 1	21
			Cit	y/State and Zip Co	de		\(\frac{\tau_1}{\text{N}_{\text{a}}}\)	ZONO MOV La
		SEH 66				1		<u> </u>
		E-mail address: (t	o be used f	or future annual re	port notification)		88.45 c	MOV La DM -
		on concerning this mat	-	call:				
Sc		HOLMES		at (	615-2 te & Daytime Telep	2890	ORID ORID	DH C
	Nai	me of Person		Area Coo	le & Daytime Tele <sub>l</sub>	phone Numb	er	•
Enclos	ed is a check	c for the following an	nount:					
\$125.00	Filing Fee	\$130.00 Filing I Certificate of S		\$155.00 Fili Certified Co (additional co		Certifica Certified	Filing Fee, te of Status & Copy copy is enclose	
		Mailing Address Registration Secti Division of Corp P.O. Box 6327 Tallahassee, FL 3	on orations	Registra Division Clifton 1 2661 Ex	Courier Address tion Section to of Corporations Building secutive Center C see, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li	·	•					
			System!		<u>ر</u> ،		
(Mı	ust end with the word	ls "Limited Liabilit	y Company, "L.L.C.," or	r "LLC.")			
ARTICLE II - Ad The mailing addres		lress of the pri	ncipal office of the	Limited L	iability Co	ompany	y is:
Principal Office A	<u>ddress:</u>		Mailing Address	<u>:</u>			
360 W. CO COCOA BE	COA BEAC ACH, FL	H CSWY 3293,	360 W.	COLOA	BEACH FL 32	1 CS 1931	ωγ
ARTICLE III - Re (The Limited Liability Co business entity with an a	Scort  360 W.	as its own Register ation.)  dress of the revenue o	gistered agent are:  LMES  BEACH CS  ess (P.O. Box NOT ac	ignate an indiv	S Signatu vidual SECRETARY OF STATE AND A SEE, FLORIDA	2010 NOV -8	
	COLOA	BEACH City, State	FL 3293 e, and Zip	1	**		
-	ny at the place d	esignated in thi	cept service of prod s certificate, I here I further agree to d	by accept th	he appoint	ment as	5

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	FRANCES A. HOLMES  360 W. COCOA BEACH CSWY  COCOA BEACH, FL 32931
	2010 NOV -8 PM SECULTARY OF S TALLAHASSEE, FL
(Use attachment if necessary)	TAFE ORIDA
CLE V: Effective date, if other than the d effective date is listed, the date must be so days after the date of filing.)  REQUIRED SIGNATURE:	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
Signature of a member	or an authorized representative of a member.
Signature of a member of	
(In accordance with section 608.4) constitutes an affirmation under the I am aware that any false informationstitutes a third degree felony a	08(3), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)  E. HOLLES  d 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)