## L10000120391

(Re	questor's Name)	<u> </u>		
(Address)				
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(5)	cument Number)			
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Certified Copies	Certificates	s of Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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2010 NOV 18 PM 12: 34
SECRETARY OF STATE

C. LEWIS

NOV 1 9 2010

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Brothers Valot Dofas (ing 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:				
Sosoph Underwood Name of Person				
Name of Person				
Firm/Company				
1675 West Beach Plum Vniro-				
Address  OHRUS Springs, Florida 34434  City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (352) 426-3234  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}				
Mailing Address  Pagistration Section  Pagistration Section				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Brothers Valet Detailing Services LLC**

1675 West Beach Plum Drive Citrus Springs, Florida 34434 352/445-1381 Cell Phone

Please send a confirmation of the registration as soon as possible to <u>brother.joseph@yahoo.com</u>. Thank you and have a great day.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Brothers Valet 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:  Mailing Address:  1675 W. Bench Plum De.
CITAUS SPAINGS, FL.
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:    Doseph Underwood    Name   N
Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)  City, State, and Zip
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

FILED

	The name and address of each Manager or Managing Member is as followishuy 18 PM 12: 34		
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SEGRETARY OF STATE. FALLAHASSEE, FLORIDA
Myr	Autonia Williams	2108 N.W.	24th Rd.
	0	Vala, Fl.	34475
Mgri	Knocy Wilkerson	5618 S.W.	129x Place Rol
.11		Ocolo Fl	34473
Mgr.	Doseph Underwood	1675 W. BOAR	26 Plum Davo-
	<del></del>	***************************************	Profession (Marie Contraction and and Associate Associated Associa
			· · · · · · · · · · · · · · · · · · ·
	(Use attachment if necessary)		
(If an e	CLE V: Effective date, if other than the dat effective date is listed, the date must be sp 0 days after the date of filing.)	<u> </u>	. (OPTIONAL) ore than five business days prior
	REQUIRED SIGNATURE:		
	South		
	Signature of a member or	an authorized representati	ve of a member.
	(In accordance with section 608.408 constitutes an affirmation under the am aware that any false informatic constitutes a third degree felony as	penalties of perjury that the ton submitted in a document to	facts stated herein are true.  the Department of State

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

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)