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SECULIAR OF STATE PLORIDA

EXAMINER
JUN 1 2011

SUBJECT: K&S Tressure Cleaning and Detailing 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:		
Shameika Posey		
Name of Person K&S Fashion 5		
6526 Rambler Ar		
Pensacola Florida 32505		
City/State and Zip Code PShame to Col Com E-mail address: (to be-used for future annual report notification)		
For further information concerning this matter, please call:		
Shames Ka Posey at 850 341-3443 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount: \$\times 125.00 \text{ Filing Fee} \times 130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & S160.00 \text{ Certificate of Status & S160.00 Filing Fee, Certificate of S160.00		
(additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Mailing Address Registration Section Division of Corporations Division of Corporations Clifton Building		

P.O. Box 6327 Tallahassee, FL 32314

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:
K&S fressure Cleaning and Detoiling L
(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: 4526 Rambler Dr Ensacola FL 32505 Pensacola; F2 A 32505
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: Shamei Ka Pose Name Name Florida street address (P.O. Box NOT acceptable) Pose Acceptable
Tensacola FL 32505 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

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member $ \underline{MGRM} $	Shamei Ka Posey
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: <u>Undecided</u> . (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	or an authorized representative of a member.
7-	F

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Shamei Ra Po Sey

Typed 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)