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L11000107037

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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B. BOSTICK
SEP 19 2011
EVAMINER

COVER LETTER

| TO: Registration Division of C | | | |
|--------------------------------|---|--|--|
| SUBJECT: Kali | - Auto Detail LLC. | | |
| | Name of Limited | Liability Company | |
| The enclosed Articles | of Organization and fee(s) are sub | omitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| Lino A. | Moseno | | |
| | Na | ame of Person | . |
| | ri | rm/Company | |
| <u></u> | | | |
| 1052 61 | Beach, FL. 33436 City/S reno 13@ Yahoo um E-mail address: (to be used for the | Address | |
| B | D 1 T1 2212 | | |
| Doynton | Beach, 42. 33436 City/S | tate and Zip Code | |
| linoa.mo | reno13@ yahoo.com | or alcameg@hoti | nail.com |
| | concerning this matter, please ca | ill: | |
| Liho A. Mr. | yeno a of Person | t (<u>561</u>) <u>876 - 43</u> Area Code & Daytime Telep | SECRETARY OF SITE OF S |
| Enclosed is a check f | or the following amount: | | PH 4: E.FLOI |
| \$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 Ci | ircle |

Tallahassee, FL 32301

7. 🕨

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | ICL | E I - 1 | Name: |
|-----|-----|---------|-------|
| ART | ICL | E I - 1 | Name |

The name of the Limited Liability Company is:

Kali-Auto Defail L.L.C.

(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: | |
|--|------------------|--|
| 1052 Grove Park Cr. Boynton Beach, #L- 33436 | Same | |
| | | |

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:

| Lino A. Moreno | TALI | <u> </u> | |
|--|------|----------|----------------------|
| Name 1052 Grove Park Cycle | AHA | SEP | |
| Florida street address (P.O. Box NOT acceptable) | SS | 5 | Enwaren Character |
| Bornson Beach FL 33436 City, State, and Zip | | PH 4: | 1,000 mg |

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 "MGRM" = Managing Member | Name and Address: | |
|---|--|------------------|
| MGR | Lino A. Moseno 1052 Grove Park Ctr. Boyston Beach, FL- 33436 | |
| | 11 SEP | 1) |
| | 16 PN 4:42 NOTE FLORID | CHECK CONTRACTOR |
| (Use attachment if necessary) | | |
| ARTICLE V: Effective date, if other than th (If an effective date is listed, the date must to or 90 days after the date of filing.) | be specific and cannot be more than five business days prior | r |
| DECLUDED CLONATUDE. | | |

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. 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.)

Lino A. Moreno

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2011

LINO A. MORENO 1052 GROVE PAIR CIRCLE BOYNTON BEACH, FL 33436

SUBJECT: KALI-AUTO DETAIL, L.L.C.

Ref. Number: W11000045887

We have received your document for KALI-AUTO DETAIL, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 411A00020615