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2011 OCT 17 PM 12: 84 SECREJARY OF STATE

C. LEWIS

OCT 1 8 2011

EXAMINER

COVER LETTER

14	Division of Corporations			
	SUBJECT: LUXUR! SECIAN SERVICE of SARASOTA, L.L.C. 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:			
	JERRY H PARRISH JR. Name of Person			
	Firm/Company			
	5342 Clark Rd H 170			
	SARASOM IL 34233 City/State and Zip Code			
	City/State and Zip Code TPARRISH 9 & GMAIL . Com E-mail address: (to be used for future annual report notification)			
	For further information concerning this matter, please call:			
	Name of Person at (941) 232 - 9463 Area Code & Daytime Telephone Number			
	Enclosed is a check for the following amount:			
7	\$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 AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:
Luxuey Sedan Service (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
53/2 Clark Ro # 170 SARASOTH 74 34233	5342 Clark Rd # 170 SARASOM 74 34233
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
JERNY A	the registered agent are: H. Parrish Jr. AHASSSI AHASSSI AND AND AND AND AND AND AND AN
_ 531/2 Clad	SSE T
Florida stree	et address (P.O. Box NOT acceptable)
	y, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
	· (DEOLUBEO)
Registered Agent's S	ignature (REQUIRED)

(CONTINUED)

Page 1 of 2

	FILED
ARTICLE IV- Manager(s) or Mana The name and address of each Manage	er or Managing Member is as follows: $007/7$
Title: "MGR" = Manager "MGRM" = Managing Member MGR	Name and Address: IALLAHASSEE. FLORID, SALASOTA, FL 34233
(Use attachment if necessary) RTICLE V: Effective date, if other than the can effective date is listed, the date must be	date of filing:
an effective date is listed, the date must be or 90 days after the date of filing.)	specific and cannot be more than five business days pri
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.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)