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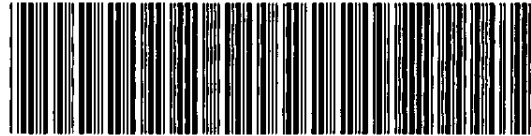
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV -1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Sheridan Car Care, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Dudney Walker
Sheridan Car Care
2000 Sheridan Street
Hollywood, Florida 33020
docdw@yahoo.com:

For further information concerning this matter, please call: Dudney Walker at 954-609-2643.

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee &
☐ \$160.00 Filing Fee,
Status & Certificate of Status Certified Copy Certificate of
(additional copy is enclosed) Certified Copy

(additional copy is enclosed)

Mailing Address Street

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

Courier Address

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR SHERIDAN CAR CARE, LLC, FLORIDA
LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

ARTICLE I

Name:

The name of the Limited Liability Company is Sheridan Car Care, LLC.

ARTICLE II

Address:

The mailing address and street address of the principal office of the Limited Liability Company
is

Principal Office Address:

Sheridan Car Care
2000 Sheridan Street
Hollywood, Florida 33020

Mailing Address:

Sheridan Car Care
2000 Sheridan Street
Hollywood, Florida 33020

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Dudney Walker
2000 Sheridan Street
Sheridan Car Care
Hollywood, Florida 33020

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

(CONTINUED)

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

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

Title: Name and Address:

Dudney Walker, MGR
Sheridan Car Care
Hollywood, Florida 33020

Juan Rios, MGRM
Sheridan Car Care
Hollywood, Florida 33020

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TALLAHASSEE, FLORIDA

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.

Dudney Walker

Typed or printed name of signee