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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE Ob-01-12

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B. BOSTICK
MAY 1 6 2012
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Penny's Hava Wash, 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:	
Penny Amann Name of Person	
Penny's Harry Wash, LCC	
550 East Avenue	
Clermont, Florida 34711-2524 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Penny Amann at (352) 394-6721  Name of Person Area Code & Daytime Telephone Number 250 75	
Enclosed is a check for the following amount:	٠ الأ
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Mailing Address  \$155.00 Filing Fee & \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address  Street/Courier Address	ŧ
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 Circle  Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	pany is:
Penny's Haw (Must end with the words "Lip	q Wash LL C hilld Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	of the principal office of the Limited Liability
Principal Office Address:	Mailing Address:
550 East Avenue	550 East Avenue

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:

Penny Amann
Name

550 East Avenue

Florida street address (P.O. Box NOT acceptable)

Clemont FL 34711-2524

City, State, and Zip

Company is:

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>'itle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Member	
MGR	Penny Amann 550 East Avenue Chermont, FLORIDA 34711-252
. <u></u>	
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ARTICLE V: Effective date, if other than the date of filing: June 1, 2012. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

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)