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(Requestor's Name)		
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(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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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: East Orlando Detail 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:
Slan Bransfein
Fast Orlando Detail LLC
Firm/Company [6[9 LaySipper Gb Address
Orlandor FL 32825 City/State and Zip Code
City/State and Zip Code Cast or land of the Land Wahave Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scan Brawnstein at (407) 304 6282 Name of Person at (407) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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

Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
(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
Principal Office Address: Mailing Address:
1619 LadySlipper Cir 1619 LadySlipper Cir 3 3 Orlandoj PL 32025
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:
Seun Bumosten
Name
((14 Ludy Stipper Co
Florida street address (P.O. Box NOT acceptable)
Orlando) FL 32425
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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	<i>c</i> 0
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<u> </u>	real viworsein
	619 Lad Blopper Con
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(Use attachment if necessary)	
	(OPTIONAL)
ICLE V: Effective date, if other than th	
	be specific and cannot be more than five business days prio
· 90 days after the date of filing.)	
DECLIDED CICNATUDE.	,
REQUIRED SIGNATURE:	
	3/
Signature of a mem	per or an authorized representative of a member.
(In accordance with section 60	08.408(3), Florida Statutes, the execution of this document
constitutes an affirmation und	er the penalties of perjury that the facts stated herein are true.
I am aware that any false info	rmation submitted in a document to the Department of State
	ny ao menidad for in a 917 155 ESI
	ny 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)

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