# 11200112235

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PICK-UP WAIT MAIL
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EXAMINER

# **COVER LETTER**

TO:	Registration of	on Sectión F Corporations				
SUBJI	<sub>ECT:</sub> Sur	shine Car Detail " I	_imited L	iability Com	ipany"	
		Name of Limit	ed Liability Co	mpany		
The en	closed Article	es of Organization and fee(s) are	submitted for f	īling.		
Please	return all cor	respondence concerning this mat	er to the follow	ving:		
		Ric	ardo Ve			<del></del>
			Name of Persor	)		
		Sunsh		Detail LLC		
			Firm/Company			
		1255 E	Belle Ave.	# 153		
			Address			
		Winter Spri	nas / Flor	rida / 32708		
			y/State and Zip (			
				lotmail.com	<u> </u>	क्का क्का
		E-mail address: (to be used	or future annual	report notification)	7	2
For fur	ther informat	ion concerning this matter, please	e call:		TASE TASE	AU6 30
	Ricar	do Vergara	<sub>at (</sub> 321		<u> </u>	
	Na	ame of Person	Area (	Code & Daytime Telep	hone Number	11 :Q HV
Enclos	sed is a chec	k for the following amount:			E	4
]\$125.00	) Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Copy copy is enclosed)	\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is encl	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	st/Courier Address stration Section sion of Corporations on Building Executive Center C hassee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the		ed Liability	Company is
Sunshine (	Car	Detail "	Limited
1	Muchan	vi with the war	le "Limited Liah

### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
1255 Belle Ave. # 153	1255 Belle Ave.# 153
Winter Springs, FL. 32708	Winter Springs, FL. 32708
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.  Ana Maria Sal	gistered agent are:
Name	
107 Wood	field CT
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Sanford	FL 32773
City, State	e, 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 (REOUIRED)

(CONTINUED)

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

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

<u>"MGRM"</u>	Ricardo Vergara  1255 Belle Ave. #153  Winter Springs, FL. 32708
"MGR"	Ana Maria Salazar
<del></del>	107 Woodfield CT.
	Sanford, FL. 32773
·	A SER
(Use attachment if necessary)	
•	
<b>LE V:</b> Effective date, if other than t	he date of filing: (OPTIONA
ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business day

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.)

Ricardo Vergara

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)