## L130000 38717

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



MAR 1 4 2013

(850) 245-6051.

TO:

**Registration Section** 

## **COVER LETTER**

Division of Cor			
SUBJECT: Lu X	cury Auto	SPA, LLC	
	Name of Limited	Liability Company	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
ANG	ELINE L.		
	·1	Name of Person	
Luxu	y AUTO S	PA LLC	
		Firm/Company	
28	68 WEST G	mynusity Is	eive
**************************************		Address	
Juf	iter, FL	33418	·
	City/	State and Zip Code	· · · · · · · · · · · · · · · · · · ·
angie	2868@ att	. Ne+ future annual report notification)	
	E-mail address: (to be used for	future annual report notification)	
For further information co	oncerning this matter, please c	all:	
1	_		1 -
HNGZLI	NE L. KING	at ( 161 ) 6240	0830 HINE
Name of	Person	Area Code & Daytime Telep	hone Number
•		J61 6.10-	1190 6
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee &	🗹 \$155.00 Filing Fee & 🔲	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	I.V. DUR VILI		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



March 5, 2013

ANGELINE L KING 2868 W COMMUNITY DR JUPITER, FL 33458

SUBJECT: LUXURY AUTO SPA LLC

Ref. Number: W13000013132

We have received your document for LUXURY AUTO SPA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00005236

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7868 WEST CAMUNITY DIVE TUPITER, FL 33458	2868 WEST CONTYUNITY DRIVE SUPITER, FL 33458
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
ANGELINE L.	KiNG
Name	
7868 WESTC	EMMUNITY DRIVE

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..

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

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:

CHRIS WHITE 2499 N.W. 99# AVENUE CORNE SPrings, FL. 33065
Springs, FL. 33065  ANGELINE L. KINC  2868 WEST Congressity Orive  Jupiter, FL. 33458
Jupiter, FL. 33458
e date of filing: (OPTIONA t be specific and cannot be more than five business

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.)

ANGELINE L. KING

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)

Page 2 of 2