(Developed Name)
(Requestor's Name)
(Address)
(Address)
(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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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2013

TRAVIS SENTEL BARKLEY SR. 403 WEST JEFFERSON STREET QUINCY, FL 32352

SUBJECT: PRESTIGIOUS RIDE CAR WASH LLC

Ref. Number: L11000077037

We have received your document for PRESTIGIOUS RIDE CAR WASH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 413A00007594

SECRETARY OF STATE

ALL AHASSET FLORING

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	BARKAUS Name of Limite	OCTAILION Led Liability Company	LLC	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	TRAVIS BO	arkled		
		Name of Person		
				
,		Firm/Company		
403	West Jeffer	VSON STREET G	<u> </u>	
,	· ·	Address		
4	LINCY FI.	30350 y/State and Zip Code		
A-FR	/ /			
<u> </u>	E-mail address: (no be used)	or future annual report notification)		***************************************
For further information	concerning this matter, please	call:	APR ARA	η
TEDVIS	BARKLLY	at (<u>\$50</u>) <u>510 · 7</u> Area Code & Daytime Telep	240 88 %	C. College
Name	of Person	Area Code & Daytime Telep	hone Number	
Enclosed is a check f	or the following amount:		**************************************	1
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street/Courier Address		

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	l - Name:
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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 is:

Principal Office Address:	Mailing Address:
MBNUST JUSTERSON STREET	D.O.BOX 313
QUINCU Fl. 32351	QUINCI F1. 32351
	,

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:

TRAVIS BARKILLY	SECRE	13 APF	2.000
403 WEST JE-PLANSI.	NSSK.	₹-2	
Florida street address (P.O. Box <u>NOT</u> acceptable)	15 30 16 30	PH 12:	encented
City, State, and Zip		95	

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: _. (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.

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

(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