

L13000164056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

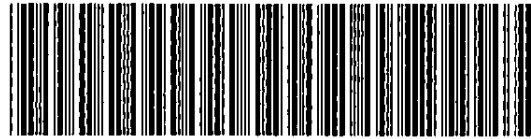
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 22 2013

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EXAMINER

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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11-21-13

☒ **CERTIFIED COPY**

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LLC

1.

Florida Carwrap LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

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OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

FLORIDA CARWRAP LLC

ARTICLE II.

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

3801 SW 47TH AVE STE. 502

DAVIE FL 33314

The mailing address of the Limited Liability Company is:

5080 SW 64TH AVE APT 301

DAVIE FL 33314

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV

The name and the Florida street address of the registered agent are:

ISTVAN HARGITTAI

5080 SW 64TH AVE APT 301

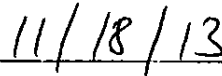
DAVIE FL 33314

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



Date:

ARTICLE V

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

Name and Address:

Title:

ISTVAN HARGITTAI

MGRM

5080 SW 64TH AVE APT 301

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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.

 11/18/13

Signature of a member or an authorized representative of a member.

ISTVAN HARGITTAI 11/18/13

Typed or printed name of signee

Date

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TALLAHASSEE, FLORIDA