14000001883

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
	ocument Number)	
(20	oument Humber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u>.</u>

Office Use Only



200254919842

Effective Date | | | | | |

12/27/13--01014--013 **160.00

SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
13 DEC 27 PM 1: 31



.(850) 245-6051.

COVER LETTER

TO:	Registratio Division of	on Section Corporations	
SUBJE	CT.	Black Diamond Mobil	e Detailing LLC
30 831	.c	Name of Limit	ted Liability Company
The en	closed Articles	es of Organization and fee(s) are	submitted for filing.
Please	return all corre	respondence concerning this mat	ter to the following:
		David J Smith	
			Name of Person
	~		
			Firm/Company
		905 Southridg	g Road D 103
			Address
		Delray Bëach,	FL 33444
		Cir	ty/State and Zip Code
_		www.blackdiam	ond01@gmail.com
		E-mail address: (to be used	for future annual report notification)
For fur	ther information	on concerning this matter, please	e call:
	David	J Smith	at (561) 305 0166
	Nar	me of Person	Area Code & Daytime Telephone Number
Enclos	ed is a check	k for the following amount:	
] \$125.	00 Filing Fee	e □\$130.00 Filing Fee & Certificate of Status	U\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street/Courier Address**

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

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SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Black Diamond	Black Diamond Mobile Detailing LLC					
(Must end with the wo	ds "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street ad	CLE II - Address: ailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
905 Southridge Road D 1	3 SAME					
Delray Beach, FL 33444						
,	as its own Registered Agent. You must designate an individual or another ation.)					
The name and the Florida street a InCorp	dress of the registered agent are: Services, Inc. Name					
The name and the Florida street a InCorp 17888	Address of the registered agent are: Services, Inc. Name 7 Court N.					
The name and the Florida street a InCorp 17888	Address of the registered agent are: Services, Inc. Name 7 Court N. Florida street address (P.O. Box NOT acceptable)					
The name and the Florida street a InCorp 17888	Address of the registered agent are: Services, Inc. Name 7 Court N. Florida street address (P.O. Box NOT acceptable)					

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(CONTINUED)

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

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

A MARKKKKKKKKK	David J Smith 905 Southridge Rd. D 103 DElray Beach, FL 33444

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

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.)

David J Smith

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)

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