## n of Corporations

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## FLORIDA LIMITED LIABILITY CO. **OUICK & CLEAN CAR WASH, LLC**

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

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## H140 00006845

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |          |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|---|
| ARTICLE 1 - Name: The name of the Limited Liability Company is:                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |          |   |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |          |   |
| ARTICLE (I - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:                                                                                                                                                                                                                                                                                                                                                                                    |             |          |   |
| Principal Office Address: Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |          |   |
| 1818 SW 15+ Ave Unit 2009<br>Hiami, FL 33129  1818 SW 15+ Ave Unit 2009<br>Hiami, FL 33129                                                                                                                                                                                                                                                                                                                                                                                                                    |             |          |   |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1           | 2014 JAN |   |
| Michael Rene Gomez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | †           | <u>_</u> |   |
| Name Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E           | -9       |   |
| 1818 SW 15+ Ave Unit 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |          |   |
| Florida street address (P.O. Box NOT acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | 呈        | C |
| Hiami FL 33129<br>City Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ٠, -        | ά        |   |
| Cîty Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1777        | 22       |   |
| Having been named as registered agent and to accept service of process for the above stated limited liability comp<br>the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the<br>capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform<br>of my duties, and I am familiar with and accept the obligations of my position as registered ugent as provided for<br>Chapter 605, F.S. | nis<br>ance | t        |   |
| Registered Agent's Signature (REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |          |   |
| (CONTINUED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |          |   |
| Page I of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | •        |   |
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|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| ARTICLE IV- The name and address of each person a                                        | uthorized to manage and o                                                            | control the Limited Liability Co                                                                                                                                   | mpany:                  |
| Title: "AMBR" = Authorized Member                                                        | Name and Ad                                                                          | ldress:                                                                                                                                                            |                         |
| "MGR" = Manager<br>MGR                                                                   | Hichae                                                                               | 1 Rene Gomez                                                                                                                                                       | \$                      |
|                                                                                          | 1818 Su                                                                              | ) 1st Ave Unit 2000                                                                                                                                                |                         |
|                                                                                          | Miami F                                                                              | L 33129                                                                                                                                                            |                         |
|                                                                                          |                                                                                      |                                                                                                                                                                    |                         |
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| (Use attachment if necessary)                                                            | }                                                                                    |                                                                                                                                                                    |                         |
| OLE V: Effective date, if other than the dareffective date is listed, the date must be s | te of filing;                                                                        | , (OPTIONA                                                                                                                                                         | L)                      |
| CLE VI: Other provisions, if any.                                                        |                                                                                      |                                                                                                                                                                    |                         |
|                                                                                          |                                                                                      |                                                                                                                                                                    |                         |
| REQUIRED SIGNATURE:                                                                      | 1                                                                                    |                                                                                                                                                                    |                         |
| (In accordance with section                                                              | n 605.0203 (1) (b), Florid<br>under the penalties of per<br>information submitted in | I representative of a member. a Statutes, the execution of this de-<br>jury that the facts stated herein ar<br>a document to the Department of<br>s.817.155, F.S.) | e true.                 |
|                                                                                          | Michael Rev<br>Typed or printed nam                                                  | le Gomez                                                                                                                                                           |                         |
| -                                                                                        | Typed or printed nam                                                                 | e of signed                                                                                                                                                        | -\ <b>~</b> 3           |
|                                                                                          |                                                                                      |                                                                                                                                                                    | <b>2014</b>             |
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