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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUBINUETS MAY 1 5 2014

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: FREDDIE ARCHIE MOBLE DETA Name of Lir	AILING LLC mited Liability Company	
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	FREDDIE L ARCHIE	Name of Person	<u></u>
	FREDDIE ARCHIE MOBILE DETA	ILING LLC Firm/Company	
	10409 ZACKARY CIRCLE #17	Address	
	RIVERVIEW, FLORIDA 33578	City/State and Zip Code	
dir.	820@live.com E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ase call:	
FRED	DIE L ARCHIE at (813) <u>3689063</u> Area Code Daytime Tel	ephone Number
	ed is a check for the following amount: 0 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \tex	☑\$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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
FREDDIE ARCHIE MOBILE DETAILING LLC (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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10409 ZACKARY CIRCLE #17 RIVERVIEW, FLORIDA 33578	10409 ZACKARY CIRCLE # 17 RIVERVIEW, FLORIDA 33578
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
FREDDIE L ARCHIE	
Name	
10409 ZACKARY CIRCLE #1 Florida street address (P.O. Box	
	
RIVERVIEW City	FL 33578 Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
Registered Agent's Signat	Cichel All And The Art
(CONTINU	ED)
Page 1 of 2	AM 9: 38

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	FREDDIE L ARCHIE
	10409 ZACKARY CIRCLE # 17 RIVERVIEW, FL 33578
the state of the s	
(Use attachment if necessary) LEV: Effective date, if other than the dat ffective date is listed, the date must be speed filing.)	e of filing:
LE V: Effective date, if other than the dat ffective date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
LEV: Effective date, if other than the dat frective date is listed, the date must be speed filling.)	pecific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the dat ffective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 da
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