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K. SALY EXAMINER

JUN - 9 2014

COVER LETTER

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<i>\$</i>	TO: Registration Section Division of Corporations
	SUBJECT: Daddy 18's Car Wash LLC. Name of Limited Liability Company
	The enclosed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Jangal Holt Name of Person
	Firm/Company
	550 Ponderosa Circle
	Midway, FL 32343 City/State and Zip Code
	Tayholt 92 @ Yahoo Com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Tangal Holt at (850) 766-2541 Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	1 \$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Street/Courier Address Registration Section

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daddy Yo's Car Was (Must end with the words "Limited")	h 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:
1300 W Jefferson Street Quincy, FL 32351	550 Ponderosa Circle Midway & Fr, 32343
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I 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 a	-
Name	
Jamage Holt Name 550 Pondprosa	Circle
Florida street address (P.O. Box	
Midway	FL 32343
City ^J	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 obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	CD)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	T- Halt
11111	Jamaal Molt
	550 fonder osa Circle Midway, F
V: Effective date, if other than the cative date is listed, the date must be	date of filing:
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ARTICLE IV-