## L1400 6117137

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	m <b>e</b> )
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Sunny Car Wash Name of	Limited Liability Company
The er	nclosed Articles of Organization and fee(s	) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	Jeremiah D. Rosado	Name of Person
		Name of Person
	Sunny Car Wash	
		Firm/Company
	12340 S.W. 193 Street	
		Address
	Miami, FL 33177	
		City/State and Zip Code
j2	2blr78@gmail.com E-mail address: (to be t	used for future annual report notification)
For fu	rther information concerning this matter, p	please call:
<u>Jeren</u>		(786 ) 406-2632
	Name of Person	Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:	
□ \$125.0	00 Filing Fee & \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$\begin{array}{c} \begin{array}{c} \left\{ \text{160.00 Filing Fee,}} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}\$
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
Sunny Car Wash, LLC		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or	· "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
12340 S.W. 193 Street Miami, FL 33177	12340 S.W. 193 Street Miami, FL 33177	
ARTICLE III - Registered Agent, Registered Office. (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	n Registered Agent. You must des	re: rignate an individual or
The name and the Florida street address of the registere	ed agent are:	
Jeremiah D. Rosado		
Nam	e	
12340 S.W. 193 Street Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	
Miami	FL 33177	
City	Zip	
Having been named as registered agent and to accept s the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o Cha	pt the appointment as registered a s of all statutes relating to the prop	gent and agree to act in this er and complete performance
Registered Agent's Sign	Roll. ature (REQUIRED)	
(CONTIN	UED)	25
Page 1 of	72	

<u> Fitle:</u>	Name and Addres	ss:	
'AMBR" = Authorized	Member		
'MGR" = Manager			
AMBR & MGR	<u>Jeremiah D. Ros</u>		
	12340 S.W. 193	Street	
	Miami, FL 33177	7	
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		-	
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Use attachment if necessity EV: Effective date, if a ctive date is listed, the filling.)  EVI: Other provisions,	ther than the date of filing: $\frac{7/2}{2}$ date must be specific and cannot be more that	2/14 (OPTIONAL) han five business days prior to	or 90 (
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ARTICLE IV-