

L15000008050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

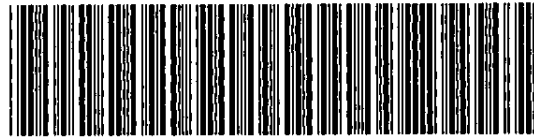
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200267694952

01/15/15--01003--008 **125.00

EFFECTIVE DATE

01-15-15

RECEIVED
DEPARTMENT OF STATE
OFFICE OF CORPORATE AFFAIRS
15 JAN 15 AM 10:44
TALLAHASSEE, FLORIDA
TO: MIAMI
10 ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 JAN 15 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 15 2015
EXAMINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Finishing Touch Auto SPA 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:

Alan and Angela Denson
Name of Person

Finishing Touch
Firm/Company

1873 Larch Dr. Apt. B.
Address

Tallahassee Fla 32301
City/State and Zip Code

adenson72@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Denson at (229) 444-5270
Name of Person Area Code Daytime Telephone Number

RECEIVED
TALLAHASSEE, FLORIDA

15 JAN 15 AM 10:44

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AND
FILED

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| ☐ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee &
Certificate of Status | ☐ \$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 Address
Registration Section
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:

Finishing Touch Auto SPA 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1873 Warrth Dr. Apt. B
Tallahassee Fla. 32301
Same

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:

Alan Denson
Name
1873 Warrth Dr. Apt. B
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City Zip

SECRET
TALLAHASSEE FLORIDA

15 JAN 15 AM 10:44

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AND
FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGRY" = Manager

Manager

Manager

Name and Address:

Alan J. Panson

Angela J. Panson

1823 Lorette Dr. Apt B
Tallahassee Fla. 32301

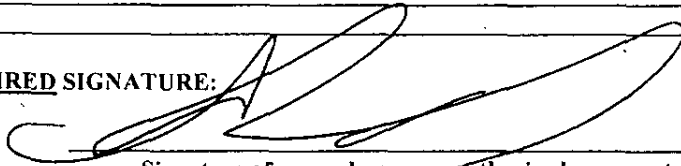
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/15/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Alan J. Panson

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)

SECTION 605.0203
FALL 2008 - FLORIDA

15 JAN 15 AM 10:41

APPROVED
AND
FILED