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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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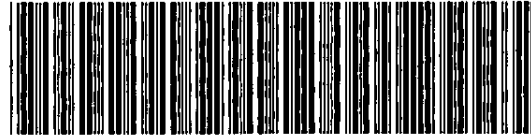
(Business Entity Name)

(Document Number)

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15 JAN -7 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beaches Mobile Detailing 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:

Robert Kopald Sr.
Name of Person

Beaches Mobile Detailing LLC.
Firm/Company

100 Coral Harbour Ct. #2405
Address

Dade Veda, FL 32082
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Kopald Sr. at (850) 532-0053
Name of Person Area Code Daytime Telephone Number

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:

Beaches 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 office of the Limited Liability Company is:

Principal Office Address:

100 Coral Harbour Ct. #2405
Ponte Vedra, FL 32082

Mailing Address:

100 Coral Harbour Ct. #2405
Ponte Vedra, FL 32082

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:

Robert Kopald Sr.
Name
100 Coral Harbour Ct. #2405
Florida street address (P.O. Box NOT acceptable)
Ponte Vedra FL 32082
City Zip

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..

Robert Kopald Sr.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

MGR

Name and Address:

Shelly Kopald

100 Coral Harbour Ct. #2405

Ponte Vedra, FL 32082

Robert Kopald Sr.

100 Coral Harbour Ct. #2405

Ponte Vedra, FL 32082

Joseph Kopald

1034 13th Ave. N.

Alex Beach, FL 32250

Weldon Kopald

1034 13th Ave. N.

Alex Beach, FL 32250

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-9-15 (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.

None

REQUIRED SIGNATURE:

Robert Kopald Sr.

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.)

Robert Kopald Sr.

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)

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15 JAN - 7 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA