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(Re	equestor's Name)	<u>.</u>
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(Do	ocument Number)	
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SECRETARY OF STATE
TALLABASSEE, FLORIDA

N. Guilligan FEB - 2 2015

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOP NOTCH CAR DETAILING & PRESSURE CLEANING Name of Limited Liability Company SERVICES	-
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MICHAEL · E · SEARS Name of Person	
TOP NOTCH CAR DETAIL ING & PRESSURE CLEAN, Firm/Company SERVICE	رىر ر 3 .
651 PERDIDO HIGHTS Address	
WEST PALM BEACH FL. 33413. City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MICHAEL SEARS at (561) 945-2687 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$\sum_{\text{S125.00 Filing Fee}} \sum_{\text{S130.00 Filing Fee}} \& \sum_{\text{S155.00 Filing Fee}} \& \sum_{\text{Certified Copy}} \\ (\text{additional copy is enclosed}) \\ \sum_{\text{S160.00 Filing Fee}} \& \text{Certified Copy} \\ (\text{additional copy is enclosed}) \\ \end{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

The name o	f the Limited Lia	ability Compa	ny is:			
10P.	NOTCH C	AR DE	TAILING	PRESURE	CLEANING	= LLE

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
651 PERDIDO HIGHTS WEST PALM BEACH. FL.33413	P.O BOX 21211 WEST PALM BEACH FL. 33416

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:

MICHAEL E	SEARS		2015	
Name		3.5	پ	
651 PERDID	O HIGHTS.		Z	<u> </u>
Florida street address (P.O. Box NO	T acceptable)		<u>:</u>	i [T]
WEST PALM!	8EACH FL 33413	卫公	<u></u>	Ö
City	Zip	95	==	

Having been named as registered agent and to accept service of process for the above stated limited liability company 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
ELISA SEARS	
AMBR	
AMBR ELISSA BUTTREY-SEARS.	Elissa Buttrey Sears 651 Perdido Heights dr.
	W.P.B F.L 3343
MGR	Ann Sears
	\$ 226 Wenongh .Pl. W.P.B F.L 33488
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	: (OPTIONAL)
If an effective date is listed, the date must be specific and he date of filing.)	d cannot be more than five business days prior to or 90 days after
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.)

MICHAEL F. SEARS
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)