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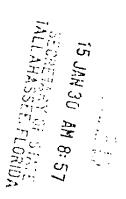
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



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J. SHAVERS FEB 0 9 7075

COVER LETTER

TO:	Registration Division of (n Section Corporations	•	
SUBJE	CCT: <u>K-nuto</u>	Mobile Detail,LLC Name of Lie	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	espondence concerning this ir	natter to the following:	
	Luis Car	mpo	Name of Person	
			wante of reison	
	K-nuto M	Mobile Detail, LLC	Firm/Company	
	16201 L	akehead Ct		
			Address	
	<u>Tampa,F</u>	L 33618 (ity/State and Zip Code	
<u> Jui</u>	scampo335@	Dyahoo.com E-mail address: (to be use	d for future annual report notifica	ation)
For furt	her informatio	on concerning this matter, ple	ase call:	
<u>Luis C</u>		at (_	813) 267-2001 Area Code Daytime Te	lephone Number
Englose	nd is a chapte fo	or the following encount	2.17.1.110	nepriority (minet)
_	0 Filing Fee	or the following amount: \$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Ma</u>	iling Address	Street/Courier Add	ress

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

Registration Section
Division of Corporations
Clifton Building
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:	
K-nuto Mobile Detail,LLC	
(Must end with the words "Limite	ed 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:
16201 Lakehead Ct	16201 Lakehead Ct
Tampa,FL 33618	Tampa,FL 33618
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	ed agent are:
<u>Herma F Randolph</u> Nan	ne
5008 W Linebaugh Ave #18 Florida street address (P.O. B	
_Tampa	FL 33624
City	Zip
the place designated in this certificate, I hereby according to capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the c	nature (REQUIRED) NUED)
rage re	RIDA

	BR" = Authorized " = Manager	Member	Name and Address:	
			Luis Campo	<u> </u>
			16201 Lakehead Ct	
			Tampa,FL 33618	
				
				
(Use a	ttachment if neces	ssary)		
e of filin	g.)		filing:fice and cannot be more than five	(OPTIONAL) business days prior to or 90 da
te of filing	g.) Other provisions, i	if any.		
te of filin	g.) Other provisions, i	it`any.		
te of filin	g.) Other provisions.	ure:	S	
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Sec. a

ARTICLE IV-