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SECRETARY OF STATE

TALLAHASSELL TUBBILS

COVER LETTER $\mathcal{A}_{\boldsymbol{\psi}}$

Division of (Corporations		
SUBJECT: <u>Soap M</u>	lonkey Auto Detailing, LL(3	
	Name of Li	mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	natter to the following:	
<u>Aaron Sr</u>	nith		
		Name of Person	
	,	Firm/Company	
217 Wre	n Ave		
		Address	
Sebring,	FL 33870		
	(City/State and Zip Code	
_aaron.isaac.dav	rid.smith@gmail.com		
	E-mail address: (to be use	d for future annual report notification	ation)
For further information	n concerning this matter, plea	ase call:	
Aaron Smith		863) 214-8289	
Nan	ne of Person	Area Code Daytime Te	lephone Number
England is a shock fa	- the following amount:		
	r 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)

TO:

Registration Section

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 1 - Name: The name of the Limited Liability Company is:	
Soap Monkey Auto Detailing, LLC (Must end with the words "Limite"	d Liability Company, "L.L.C.," or "LLC.")
(maceta marine notas Emace	a balancy company, b.b.c., or bbc.)
ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3333 Golfview Rd	217 Wren Ave
Sebring, FL	Sebring, FL
33875	_33870
another business entity with an active Florida registration. The name and the Florida street address of the registere	
Aaron Smith	
Nam	e
217 Wren Ave	
Florida street address (P.O. Bo	ex NOT acceptable)
Sebring	FL 33870
City	Zip
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 of	ature (REQUIRED)
	0X 7

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Aaron Smith
	217 Wren Ave
	Sebring, FL 33870
MGR	Larissa Smith
	217 Wren Ave
	Sebring, FL 33870
	4-12
(Use attachment if necessary)	
EV: Effective date, if other than the	date of filing: (OPTIONAL)
EV: Effective date, if other than the ective date is listed, the date must b	date of filing:
EV: Effective date, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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