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(Reque	stor's Name)	
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(City/St	ate/Zip/Phone #	
PICK-UP	WAIT	MAIL
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(Docum	nent Number)	.
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	
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Office Use Only



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K. SALY EXAMINER MAY 2 2 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2015

ANDREW JASON SIPOS 220 MARKON BLVD. SANTA ROSA BEACH, FL 32459

SUBJECT: A.J'S MOBILE DETAILING & SERVICES

Ref. Number: W15000029522

15 HAY 12 MH 10: 00

We have received your document for A.J'S MOBILE DETAILING & SERVICES and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 915A00008562

COVER LETTER

TO: Registration Section Division of Corporat			
SUBJECT: A. 5	Mobile J Name of Lin	Detailing & Servined Liability Company	1; ce_s
The enclosed Articles of Organ	nization and fec(s) ar	e submitted for filing.	
Please return all correspondence	ce concerning this ma	atter to the following:	
Andre	w Jaso	Name of Person	
_			
A. J's A	10 bile Del	Firm/Company	es
		Firm/Company	
220 M	orkon Rh	Address	
Sonta	1205a Bea	ich Fc. 3245	9
1	C	ity/State and Zip Code	
<u>/4 3 5 (POS</u> E-mai	77 @ G /	ity/State and Zip Code Mail. Com. d for future annual report notifica	ition)
For further information concern			•
1. V .			
Name of Per	at (son	407 758-72 Area Code Daytime Tel	lephone Number
Enclosed is a check for the following	owing amount:		
□ \$125.00 Filing Fee	0.00 Filing Fee & tificate 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 Add Registration S		Street/Courier Adda Registration Section	res <u>s</u>

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal officers.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
220 Magkon Blad Seate 1259 Beach	SAME.
FC. 32459	
(The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered at which with a street address of the registered at the florida street address (P.O. Box North City) Santa Rosa Beach City	gent are: NOT acceptable) FL 33459 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance rations of my position as registered agent as provided for in 605, F.S.

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Amßに	Andrew Jason Sipos. 220 Markon Blod Sonta Rosa Beach FL. 32459
MGK	Mristin Vanni 220 Markan Blud. Sonta Rosa Brach, Fl 344551 5
(Use attachment if necessary)	
ective date is listed, the date must be sp of filing.)	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing:

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)