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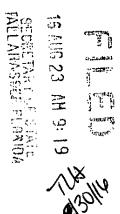
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: Mastone 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:
E Scott Schroeder
Scott Schroeder Law Office Firm/Company
11000 Prosperity Farms Rd #202
Palm Beach Gardens, F2 33410  City/State and Zip Code  Scott Schroeder Law @ gmail. Lom  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Swtt at (561) 493-8000  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\frac{130.00 Filing Fee & Certificate of Status}{\text{Certified Copy}}\$  (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy  (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
mastone mobile	Detailing LLC
(Must end with the words "Limited Liability C	ompany, "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:
9097 Villa Palma In.	same as principal

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

**ARTICLE 1 - Name:** 

(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:

E SwH Swooder

Name

11000 Prosperty Forms Rd 202
Florida street address (P. O. Box NOF (centable)

Provide street address (P.O. Box NOF-acceptable)

Palm Beach Gardens, FZ 33410
City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 /UP 23 MM 9: 19

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Adam Mastor 2097 Villa Palma West Palm Beach, Fr	LM. -33-	<b>+18</b>
	•		
(Use attachment if necessary)			
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