L1600165714

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



200287424412

07/28/16--01017--027 **130.00

SECRETARY OF STATE
TALLAMASSTER SIRID
16 AUG 29 AM 2: 32

Town



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2016

JERRY BROWN 14521 JACKSON STREET MIAMI, FL 33157

SUBJECT: JERRY'S MOBILE DETAILING, LLC

Ref. Number: W16000054653

We have received your document for JERRY'S MOBILE DETAILING, LLC 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P10000094716.

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) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 016A00016628

 $\dot{\sim}$

16 AU

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Terry's Mobiname of Lin	ile Detailing, LLC. mited Liability Company	
The enclosed Articles of Organization and fee(s) and	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Jerny	Brown Name of Person	
Jemy's Mobil	Perm/Company Name of Person Perm/Company Firm/Company	SEOR
14521 Jacks	m Street 3	
Miami, Floric	da 33157	SIAII
Samash/983	City/State and Zip Code OGMOI/, COM d for future annual report notification)	75
For further information concerning this matter, pleas	se call:	
Jem Boun at (1) Name of Person	305 323 · 1913 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

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 Liability Company," L.L.C.," of	Stailing, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	ompany is:
Principal Office Address:	1ailing Address:
MILMI, FLZZITE MILMI,	ackson, street
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must deanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	→
Jerny Brown Name	6 AUG
1453/ Vackson Street	· 22
Florida street address (P.O. Box NOT acceptable)	
Miami, FL 33176	N 0
City State Zi	, 있음을

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..

(CONTINUED)

Page 1 of 2

stered Agent's Signature (REQUIRED)

<u>Title:</u> Name and Address: "AMBR" = Authorized Member	
"MGR" = Manager AMBE AMBE AMBE AND AND AND AND AND AND AND AN	rall
Use attachment if necessary)	
	111il ma4
ment's effective date on the Department of State's records.	will not
nent's effective date on the Department of State's records. EVI: Other provisions, if any.	will not
nent's effective date on the Department of State's records. E VI: Other provisions, if any. REQUIRED SIGNATURE:	will not
nent's effective date on the Department of State's records. E VI: Other provisions, if any. REQUIRED SIGNATURE:	will not
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida St	tatutes.
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.	tatutes.
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida St I am aware that any false information submitted in a document to the Department of	tatutes.
REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida St I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee	tatutes. of State
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida St I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	tatutes. of State
This document is executed in accordance with section 605.0203 (1) (b), Florida St I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	tatutes. of State