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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 OCT 17 PM 6:44

M. MOON

OCT 17 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 OCT 17 PM 4:35

BUREAU OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

September 27, 2016

ARCIP HOROBET
1628 PURPLE MARTIN WAY
KNOXVILLE, TN 37922-5979

SUBJECT: ARLAND CAR WASH LLC
Ref. Number: W16000066536

We have received your document for ARLAND CAR WASH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address. ✓

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: 716A00020759

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arland Car Wash 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:

Arcip Horobet
Name of Person

Arland Car Wash LLC
Firm/Company

1628 Purple Martin Way
Address

Knoxville, TN. 37922-5979
City/State and Zip Code

arlandcarwash@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arcip Horobet at (865) 607-1167
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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

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SECRET
TALLAHASSEE, FL 32301
STATE
BRIDGES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Arland Car Wash LLC

(Must end with the words "Limited 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:

1628 Purple Martin Way

1628 Purple Martin Way

Knoxville, TN 37922

Knoxville, TN 37922

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

(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:

Vasile Singeorzan

Name

11226 East US Hwy 92

Florida street address (P.O. Box NOT acceptable)

Seffner, FL 33584

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.

X 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

AMBR

Arcip Horobet
1628 Purple Martin Way
Knoxville, TN. 37922-6998

Carmen Horobet
1628 Purple Martin Way
Knoxville, TN. 37922

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 9-16-16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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 Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

ARCIP HOROBET

Typed or printed name of signee

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)

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SECRET
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA