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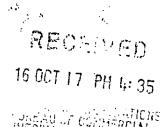
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**Division of Corporations** 



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

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Arland Car Wash UC 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 UC Firm/Company	
1628 Purple Martin Way	
City/State and Zip Code  City/State and Zip Code  Orland carwash yahao. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Arcio Horobetat (865) 607-1167 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S150.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Ciffon Building  Tallahassee, FL 32314  Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Aslanch Cos Wash LLC (Must end with the words "Limited Liability Company, "LLC.," 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 Mortin Way 1628 Purple Martin Way				
Knoxville, TN 37972 Knoxville, TN 37972				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signsture: (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 Singeorton				
			i	
11 226 East US Hwy 92 Florida street address (P.O. Box NOT acceptable)			1	
Seffner FL 33584 City State Zip		<u></u>	7.7.S	
City State Zip		9		
laving been named as registered agent and to accept service of process for the above stated limited liability company at the blace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I writer agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I im familiar with and accept the obligations of my position as provided agent as provided for in Chapter 605, F.S		17 PH 5:		- HEEL
Registered Agent's Signature (REQUIRED)		1	22.2	
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Page 1 of 2				
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Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address: er
MGR Amal	Arcip Horo bet 1628 Purple Martin W
AMBR	Carmen Horobet  1628 Purple Martin Way Knoxville ITN. 37922
EV: Effective date, if other the ective date is listed, the date in	in the date of filing: $9-16-16$ . (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days.
E V: Effective date, if other the ective date is listed, the date in filing.) the date inserted in this block ment's effective date on the De	nust be specific and cannot be more than five business days prior to or 90 dadoes not meet the applicable statutory filing requirements, this date will not be
f filing.)	nust be specific and cannot be more than five business days prior to or 90 dadoes not meet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other that ective date is listed, the date in filing.) the date inserted in this block ment's effective date on the De E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document I am aware tha	nust be specific and cannot be more than five business days prior to or 90 dadoes not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other that extive date is listed, the date in filing.) the date inserted in this block ment's effective date on the De E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document I am aware that constitutes a the	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.  The of a member or an authorized representative of a member.  This executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State.