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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bi6 Time Mobile Detailing IV. 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.
Melvin Moore / Clarence Hawkins
Big Time Mobile Delail Firm/Company
2190 Franklin Ocks Lane
Tallahasse El 32305 City/State and Zip Code
Big time detailing 850 @ 9mal. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melvis Move at (850) 228-3465 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Boy 6327

Street Address

New Filing Section
Division of Corporations
Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	ited Liability Cor	mpany is:		
3:4	time	Mobile	Detailing	LLC.
<u> </u>	(Must end with t	he words "Limited Lis	ability Company, "L.L.C.,"	" or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2190 Franklin Ocks Lone . 2190 Frankling hats Conv Tallahaissee JEI 32305 " Tallahassee JEI 32305	v E
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:	
Melvin Moure Name	
Florida street address (P.O. Box NOT acceptable)	/
Tallahussee 61. 32305	
City State Zip	

Mailing Address:

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Melain Moore
Amb R	Clarence Hawkins
47.7	
late of filing.)	e of filing: $\frac{O4//3/20/7}{(OPTIONAL)}$ ecific and cannot be more than five business days prior to or 90 days aften the applicable statutory filing requirements, this date will not be listed of State's records.
TICLE V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.) e: If the date inserted in this block does not adocument's effective date on the Department CICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be listed

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)