L17000097329

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



300298522893

05/02/17--01005--017 **160.00

17 HAY -2 AM 4:5
SECRETARY OF STATE
AND AHASSEE, FLORID

COVER LETTER

TO:	Registration Division of C		. 1	
		e garage entre s	end where is a read a second	· ey
SUBJE	CT: Richard	s Mobile Auto Detailing LL	.C	
		Name of Lin	nited Liability Company	
The end	losed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please	eturn all corres	pondence concerning this ma	atter to the following:	
	Hobert La	nne Richards Jr.		
	THOOGH LE	ine radiards or.	Name of Person	
	Richards	Mobile Auto Detailing LLC		<u> </u>
			Firm/Company	
	4749 Har	ding St	Address	
			Addicas	
	New Port	Richey, FL 34653		
	11011 1 011		ity/State and Zip Code	
lar	ne.richards890	@amail.com		
		E-mail address: (to be used	d for future annual report notifica	ation)
For fur	ther information	concerning this matter, plea	nse call:	
Hober		<u>ds Jr.</u> at (<u>'</u>	727) 252 - 4	
	Nam	e of Person	Area Code Daytime Tel	lephone Number
Enclose	ed is a check for	r the following amount:		
☑ \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee &	160.00 Filing Fee, Certificate of Status &
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy
				(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration 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:	
Richards Mobile Auto Detailing LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4749 Harding St New Port Richey, FL 34653	4749 Harding St New Port Richey, FL 34653
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
Hobert Lane Richards Jr. Name	
4749 Harding St Florida street address (P.O. Box 1	NOT acceptable)
New Port Richey	FL 34653 Zip
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in a foliability.

(CONTINUED)

Page 1 of 2

17 MAY -2 AH 4:51
SECRETARY OF STATE
TALL AHASSEF FI ORINA

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Hobert Lane Richards Jr.
	4749 Harding St
	New Port Richey, FL 34653
	with the same of t
<u> </u>	
V: Effective date, if other than the ctive date is listed, the date must he	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9
ctive date is listed, the date must b filling.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the ctive date is listed, the date must he filing.)	e specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the ctive date is listed, the date must he filing.) VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the tive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the tive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the cive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE:	te specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the ctive date is listed, the date must he filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	The Nickett Live a member or an authorized representative of a member.
V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the cive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the cive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the cive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State