L18000258345

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

N. SAMS NOV 07 2018



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2018

2409 MARXHELL BYRD 2409 MARSHELL AVE. SANFORD, FL 32771 US

SUBJECT: TRIPLE M'S / MAMA LO CAR WASH & DETAILING LLC

Ref. Number: W18000094790

We have received your document for TRIPLE M'S / MAMA LO CAR WASH & DETAILING 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 218A00022220

COVER LETTER

то;	New Filing Section Division of Corporations	
SUBJE	CT: Triple US/	Jama Lo Car Wash & Detaill
The enc	closed Articles of Organization and fee(s) ar	re submitted for tiling.
Please r	return all correspondence concerning this m	atter to the following:
	Morrell Byro	Name of Person
		Firm/Company
	2409 Marshel	Address
	Sanford, Florid Unijor Byrdalogm E-mail address: (to be used	City/State and Zip Code CUL: COM d for future annual report notification)
For furth	er information concerning this matter, pleas	se call:
	MOVYCH Byyd at (at (at (Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
S125.0	0 Filing Fee \$\int \text{S130.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Triple U5 J Mana Lo Ca (Must contain the words "Limited Liability Con	v Wash & Detailing UC npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:	
Principal Office Address:	Mailing Address:	
2409 Marshall Ave Sanford, F132771	2409 Marshall AVL. Sanford, FI 32701	
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered Fanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	d Agent's Signature: Agent. You must designate an individual or	
MOVY-ell Byro		
2409 Marshall Florida street address (P.O. Box S	AYU. NOT acceptable)	
City State	Zip	
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as r further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered	s for the above stated limited liability company at the registered agent and agree to act in this capacity. I proper and complete performance of my duties, and I	

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager M C2 K	Ronnie Sippio JR.	
	24095. Marshall Ave.	
	Santord Fl 22771	
Ambr	Christopher Hill	
	24095. Marshall Ave.	_
	Sanford, FL >271	
		_
effective date is listed, the date must be spe	of filing: 10/20/20/8 . (OPTIONAL) ecific and cannot be more than five business days prior to o	r 90 day:
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