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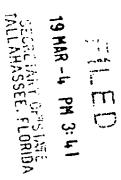
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| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
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| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
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## COVER LETTER

| TO: New Filing Section Division of Corporations   |
|---|
| SUBJECT: 1St Auto Detail L.L.C. 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:   |
| Tony Hobbs Jr. Name of Person   |
| 1st Auto Detail L. L. C.  |
| 4604 49th Street North Suite 1073   |
| St. Petersburg, FL, 33709   |
| City/State and Zip Code  tony @ 15+ autoaleta(1. com  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Tony Hubs Jr. at (127), 320 - 4620  Name of Person Area Code Daytime Telephone Number   |
| Englosed is a check for the following amount:   |
| \$125.00 Filing Fee \$\text{Certificate of Status}\$ \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee.} \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301                |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 1st   | Auto Defail L   | L.C   |              |
|---|---|---|--------------|
| (Must   | ontain the words "Limited Liability C   | Company, "L.L.C.," or "LLC.")   |              |
| ARTICLE II - Address:<br>The mailing address and stre   | et address of the principal office of th  | e Limited Liability Company is:   |              |
| <u>Prir</u>   | cipal Office Address:   | Mailing Address:  |              |
| 4604 49<br>Swite  | th street North   | 4604 49th Street Nunth  |              |
|   |   |   |              |
| St. Peters  | ourg, FL, 33709   | St. Petersburg, FL, 33709   |              |
| (The Limited Liability Comp                             | Agent, Registered Office, & Registo   |   | ·            |
| (The Limited Liability Companother business entity with | Agent, Registered Office, & Registere any cannot serve as its own Registere   | ered Agent's Signature: ed Agent. You must designate an individual or                 | l<br>L Vij   |
| (The Limited Liability Companother business entity with | Agent, Registered Office, & Register any cannot serve as its own Registere an active Florida registration.)   | ered Agent's Signature: ed Agent. You must designate an individual or                 | 100          |
| (The Limited Liability Companother business entity with | Agent, Registered Office, & Register any cannot serve as its own Registere an active Florida registration.)   | ered Agent's Signature: ed Agent. You must designate an individual or                 |              |
| (The Limited Liability Companother business entity with | Agent, Registered Office, & Register any cannot serve as its own Registere an active Florida registration.)   | ered Agent's Signature: d Agent. You must designate an individual or                  | THE PROPERTY |
| (The Limited Liability Companother business entity with | Agent, Registered Office, & Registered any cannot serve as its own Registered an active Florida registered agent are  Tony Hobbs Tone  2125 A.I. A.     | ered Agent's Signature: d Agent. You must designate an individual or  SSEE  AUR MORTA | THE PH 3:4   |
| (The Limited Liability Companother business entity with | Agent, Registered Office, & Registered any cannot serve as its own Registered an active Florida registered agent are  Tony Hobbs Tr  Name  3135 1+ Aven | ered Agent's Signature: d Agent. You must designate an individual or  SSEE  AUR MORTA | 10-4 PH 3:41 |

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)

|                                       | Title: "AMBR" = Authorized Member "MGR" = Manager "MGR" = Manager      | Name and Address: Tony Hobbs JR 4604 49th Street North Suite 1073 St. Petersburg FL, 33709  |
|---------------------------------------|--|---|
|                                       |  |   |
|                                       |  | ESEE PA 3: L  |
| ARTIC                                 | (Use attachment if necessary)  LE V: Effective date, if other than the | date of filing: $\frac{02/27/2019}{}$ (OPTIONAL)  |
| (If an el<br>the date<br><u>Note:</u> | ffective date is listed, the date must be of filing.)                  | e specific and cannot be more than five business days prior to or 90 days after<br>not meet the applicable statutory filing requirements, this date will not be listed as |
| ARTIC                                 | LE VI: Other provisions, if any.                                       |   |
|                                       | REOUIRED SIGNATURE:  | VIII 0  |

Filing Fees:

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

Hobbs Jr.

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)