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FLORIDA LIMITED LIABILITY CO. THE LION AUTO DETAILING SERVICES LLC

Certificate of Status	0
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Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			Ŀ	
Triche 1-1/4mm.				
The name of the Limited Liabilit	ty Company is:			
THELION AUTO DE	CTANTONG SEDVIC	ECIT <i>C</i>		
			97 T.C. 21 67 T.C. 22	
(Musi cons	tin the words "Limite	a macinity Company,	Lilie, or Lile)	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal	office of the Limited	Liability Company is:	
Princip	al Office Address:		Mailing Address:	
597 NW 27 AVE		SAN	Œ	
MIAMI, FL 33125			: -	
<u> </u>				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ov	in Regist ere d Agent. '	at's Signature; You must designate an individual	or
				01
The name and the Florida street a		ed agent are:		01
The name and the Florida street of		ū		or
The name and the Florida street	address of the register	ū		or
The name and the Florida street :	address of the register	4	· 	or.
The name and the Florida street a	DANNY DE LEON 3891 SW 133 CT	4	cceptable)	04
The name and the Florida street :	DANNY DE LEON 3891 SW 133 CT	Name	cceptable)	04
The name and the Florida street of	DANNY DE LEON 3891 SW 133 CT Florida street address	Name Name SSS (P.O. Box <u>NOT</u> ac	•	04

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..

(CONTINUED)

Alegistered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	DANNY DE LEON
	389! SW 133 CT
	MIAMI. FL 33175
·	
<u> </u>	
	-
Use attachment if necessary)	
ctive date is listed, the date most be :	te of filing: 12/05/2019 . (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the da ctive date is listed, the date must be s filing.)	specific and cannot be more than five business days prior to or to the applicable statutory filing requirements, this date will re-
CV: Effective date, if other than the date that is listed, the date thust be so filing.) the date inserted in this block does not the date inserted in this block does not the Department.	specific and cannot be more than five business days prior to or to the applicable statutory filing requirements, this date will re-
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CV: Effective date, if other than the date the date is listed, the date thust be standard in this block does not ent's effective date on the Department. CVI: Other provisions, if any. EQUIRED SIGNATURE: X Signature of a n This document is excelled an aware that any fall constitutes a third degree.	t meet the applicable statutory filing requirements, this date will report to of state and cannot be more than five business days prior to or state the applicable statutory filing requirements, this date will report to a state and the state are followed as provided for in a document to the Department of State are felony as provided for in s.817.155, F.S.