# L20000269144

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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TALLAHASSEE, FL

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# COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: RISC & Shim Auto/Home Detailing LLC 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:			
Name of Person			
Rise Shire Auto/Home Detailing			
9114 Miccosukee Rd			
Address			
Tallarussee, Florida 33308 City/State and Zip Code			
riseandshinemobile850anmalicom			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
mms Swatts Jr. at (850) 901-3513			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
✓\$125.00 Filing Fee  Certificate of Status  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

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

Mailing Address

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:

CERTAL

SECRETARY OF STATE

A SUMPLE SOURCE STATE

SECRETARY OF STATE

TALLAHASSEE, FL

(Must contain the words "Limited Liability Company, "L.L.Q." or "LLQ.")

ARTICLE II - Address:

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

9114 MICCOSIKER P.C.	9114 Micco Suker Dd Tallahasser + 32308
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	gistered Agent's Signature; tered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

Principal Office Address:

Name

Florida street address (P.O. Box NOT acceptable)

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)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	James Swatsur.  9114 Microsukee Ra. Tallanassee, Fl 32308
	ALLAHV
(Use attachment if necessary)	Sec. S. P. S
the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Livator 4
Thứs đốcument is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.
_James	

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)