

L21000107596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

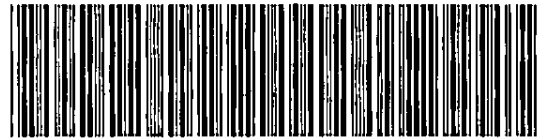
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 JAN 19 PM 1:11  
CLERK OF COURT  
CLERK OF COURT

*3-16-21*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2020

BOBBY G. YOUNG III  
1050 SW MCCOMKLE AVENUE  
PORT SAINT LUCIE, FL 34953

SUBJECT: BOBBY BYRD PRESSURE CLEANING & DETAILING SERVICES  
LLC  
Ref. Number: W20000082044

We have received your document for BOBBY BYRD PRESSURE CLEANING & DETAILING SERVICES 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):

The registered agent must sign accepting the designation.

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.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 020A00014269

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** BOBBY BYRD PRESSURE CLEANING & DETAILING S  
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:

BOBBY G. YOUNG III

Name of Person

BOBBY BYRD PRESSURE CLEANING & DETAILING SERVICES LLC

Firm/Company

1050 SW MCCOMKLE AVENUE

Address

PORT SAINT LUCIE, FL 34953

City/State and Zip Code

Mr4everyoungk@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOBBY G. YOUNG III

561

373-2017

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOBBY BYRD PRESSURE CLEANING & DETAILING SERVICES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1050 SW MCCOMKLE AVENUE  
PORT SAINT LUCIE  
FL. 34953

Mailing Address:

1050 SW MCCOMKLE AVENUE  
PORT SAINT LUCIE  
FL. 34953

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BOBBY G. YOUNG III

Name

1050 SW MCCOMKLE AVENUE

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

PORT SAINT LUCIE

FL

34953

City

State

Zip

*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)

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IN AND FOR THE COUNTY OF ST. LUCIE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR / MGR

BOBBY G. YOUNG III  
1050 SW MCCOMBLE AVENUE  
PORT SAINT LUCIE, FL 34953

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

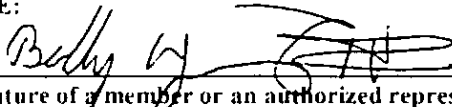
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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

Bobby G. Young III

Typed or printed name of signee

**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)

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