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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

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TO: New Filing Section Division of Corporations		
SUBJECT: O.C. Detailing + Pressure Washing 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:		
Jerid Lamar Velez		
Name of Person		
O.C. Detailing + Pressure Washing LIC		
941 Greenbrier Avenue		
Address		
Schastian, FL 32958  City/State and Zip Code  Jeridy 45 @ yahoo. Com		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jerical Velez   at (561) 876-6225   Name of Person   Area Code   Daytime Telephone Number		
Enclosed is a check for the following amount:  \$\Begin{align*} \Pi\$ \ 125.00 \text{ Filing Fee} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Mailing Address Street Address No. 1711 - Service Division		
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

he name of the Limited Liability Company is:

O.C. Detailing & Pressure Washing "LLC." (Must contain the words "Limited Liability Company. "L.L.C." or "L.C.")

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
941 Greenbrier Avenue	941 Greenbrier Avenue
Sebastian FL 32958	Sepastian FL 32958

### 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:

Jerici Lan	WY.	velez
Na	ime	
941 Greens	iner	Avenue
Florida street address (P.O. Box NOT acceptable)		
Sebastian	FL	32958
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..

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	larial laria valua
AMBR	Jeria Lamar Velez
	941 Green brier AVE Schastian, FL 32958
AMBR	Tiffany Loren Velez
1-11/	941 Greenbrier Ave
	Sebastian, FL 3295.5
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(Use attachment if necessary)	7**
ARTICLE V: Effective date, if other than the date of	filing: (OPTIONAL)
(If an effective date is listed, the date must be specifithe date of filing.)	ic and cannot be more than five business days prior to or 90 days after
	t the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of S	
·	Sale & Feedball.
ARTICLE VI: Other provisions, if any.	
-	
REQUIRED SIGNATURE:	
<u> </u>	
(hm/c	$\sim$ / $\sim$
Signature of a memb	er or an authorized representative of a member.
	in accordance with section 605,0203 (1) (b), Florida Statutes.
	formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
_ Jerid L	amar velez
	yped 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)
- S 5.00 Certificate of Status (Optional)