

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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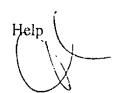


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	Account Name : OLIVE JUDD, P	P.A.		:
	Account Number : I20200000171			•
	Phone : (954)334-2250			
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Electronic Filing Menu

Corporate Filing Menu



Fax:

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## **COVER LETTER**

	New Filing Sect Division of Corp							
SUBJEC		hine Depot, LLC						
SUBJEC	1:	Nam	e of Limite	ed Liabil	ty Company			
The enclo	osed Articles of (	Organization and f	ee(s) are s	ubmitted	for filing.			
Please re	turn all correspo	ndence concerning	this matte	er to the f	following:		<b>VD</b> SA	<b>3</b>
	Stephen V. F	Ioffman, Esq.					in Line	กการ SEP 23 PM I2: 4 <b>6</b>
	-			Name of	Person		74	۶ 2
	Olive Judd, I	P.A.					5- C/	3 P
				Firm/Co	ompany		r,	H 12
	2426 East La	s Olas Boulevard					<u></u>	. կ6
		·		Addı	ess			
	Fort Laudero	iale, FL 33301						
	ah a Coman Oal	include com	City	y/State ar	nd Zip Code			
	shoffman@ol		be used for	or future	annual report notificati	on)	<u></u>	
For furthe	r information co	ncerning this matte	er, please o	all:				
	Stephen V. F	loffman	954 at (		334-2250		_	
	Nam	e of Person	Are	a Code	Daytime Telephon	e Number		
Enclosed	d is a check for t	he following amou	int:					
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	New F Divisi	ng Address Filing Section on of Corporations	s		Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre	assee		
		Box 6327 lassee, FL 32314			Tallahassee, FL 3230			

Fax:

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESO	FORGANIZATIONFORF	LOKIDA LIVITED U	ABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
Wash and Shine Dep				_
(Must con	tain the words "Limited I.	iability Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	eddress of the principal of	fice of the Limited L	iability Company is:	n •
Princip	oal Office Address:		Mailing Address:	j 3
20562 Sausalito Dr.			Sausalito Dr.	onoi SEP 23 SCOPTILI
Boca Raton, FL 334	98	Boca	Raton, FL 33498	_ 20 1
another business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. Yo n.)	's Signature: ou must designate an individual or	· · ·
The name and the Florida street	t address of the registered	agent are:		
	Olive Judd, P.A.			
		Name		
	2426 East Las Olas E	Boulevard		
	Florida street addres:	s (P.O. Box NOT acc	ceptable)	
	Fort Lauderdale	FL//	33301	
	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

ARTICLE IV-

(((H21000357208 3)))

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Can Kosem	
<del></del>	355 NE 3rd Ct	(I)
	Boca Raton, FL 33432	·/
MGR	Bruno Miceli	
37.010	20562 Sausalito Dr.	
	Boca Raton, FL 33498	<u> </u>
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\$ 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)