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

Office Use Only

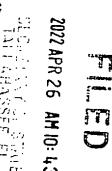


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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SIESTA KEY CA	R WASH I LLC	
·		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
-		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
	· 	Driving Record
Requested by: SETH		UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: New Filing Section Division of Corporations	
<u></u>	(Car Wash I LLC ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
	KE CARLISCE
· · · · · · · · · · · · · · · · · · ·	Name of Person
SIESTA	Key Car WasHILL
	Firm/Company
<u>58085</u>	Address
SARASOTA	
	y/State and Zip Code 58866. Nail. Low
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please	call:
Name of Person Are	a 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 & □\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Fifing Section	New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
SIESTA KEY CARWASHI 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: Mailing Address:
SOBSITAMIAMIT SaINE
34231
ADTICIT III D. C.
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 huginoss antiquality = active (1), (2)
The name and the Florida street address of the registered agent are: ACC FFF (1) SCA)
The name and the Florida street address of the registered agent are:
Name AEE EFFENSON
5808 S. TAMIAMIT.
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) 51/R/150Tfl Fla. 34231
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
2 · · · ·
The second of th
Registered Agent' Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $\frac{1}{\sqrt{6}}$	MIKE CARCISLE 58085 TAMHAMIT GARGEOTA
AMBR 25%	JEFF Sassano SEGS THANHANT SARISOTT
AMBR 25/29	LEE EFFENSON C SSOS STAMIANILI SAZASOTA
AMBR 251/290	FRED VILLARI SSCSSTAWIAMITE SARASO FLA 34231
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d If an effective date is listed, the date must be he date of filing.)	ate of filing:

Signature of a member of 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.

Typed or printed name of signec

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE: -

\$ 5.00 Certificate of Status (Optional)