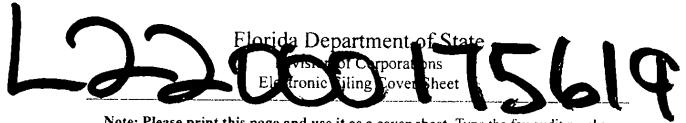
From: 9545833259 4/28/2022 11:11:50 AM p. 2 of 5 To: FAX SERVICE



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(((H220001537083)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MILBERY & KESSELMAN CPAS, LLC

Account Number : I20180000053 Phone : (954)583-3223 Fax Number : (954)583-3259

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: WARWICK@DETAILGARAGE.COM

FLORIDA LIMITED LIABILITY CO.

Tampa Detail Garage, LLC

VED	AM 11:27	CORPORATIONS COMMERCIAL AL TRAVICES
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Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

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From: 9545833259

COVER LETTER

	New Filing Section Division of Corporations	
SURIFO	TAMPA DETAIL GARAGE, LLC	
3012/20	T: Name of Limited Liability Company	
The encl	sed Articles of Organization and fee(s) are submitted for filing.	
Please re	urn all correspondence concerning this matter to the following:	
	RICHARD D. MEDEIROS	
	Name of Person	
	TAMPA DETAIL GARAGE, LLC	
	Firm/Company	
	5721 E FOWLER AVE	
	Address	
	TAMPA, FL 33617	
	City/State and Zip Code WARWICK@DETAILGARAGE.COM	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	RICHARD MEDEIROS 401 660-3474	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	s a check for the following amount:	
=\$125. 0	O Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy 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	

H22001537083ABC

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DALLATTED LIABILITY CONTAINY	
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
TAMPA DETAIL GARAGE, LLC		
(Must contain the words "Limited Liabili	y Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:		
The mailing address and street address of the principal office o	f the Limited Liability Company is:	
Defendant Office (4.1)	A# 200	
Principal Office Address:	Mailing Address:	
Principal Office Address: 5721 E FOWLER AVE	Mailing Address: 5721 E FOWLER AVE	
5721 E FOWLER AVE	5721 E FOWLER AVE	
5721 E FOWLER AVE TAMPA, FL 33617	5721 E FOWLER AVE TAMPA, FL 33617	
5721 E FOWLER AVE TAMPA, FL 33617 ARTICLE III - Registered Agent, Registered Office, & Reg	5721 E FOWLER AVE TAMPA, FL 33617 istered Agent's Signature:	
5721 E FOWLER AVE TAMPA, FL 33617	5721 E FOWLER AVE TAMPA, FL 33617 istered Agent's Signature:	-

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

RICHARD D. MEI	DEIROS	
	Name	
5721 E FOWLER	AVE	
Florida street addre	ess (P.O. Box <u>NOT</u> acce	ptable)
ТАМРА	<u>FL</u> ORI <u>DA</u>	33617
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)

2021 APR 28 PM 7:27

ARTICLE IV-

H220001537083ABC

From: 9545833259

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
_		
AMBR	RICHARD D. MEDEIROS	
	5721 E FOWLER AVE TAMPA, FL 33617	
(Use attachment if necessary)		
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