Division of Corporations Electronic Filing Cover Sheet

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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Email	Address:	
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FLORIDA LIMITED LIABILITY CO. SOUTH BEACH AUTO DETAILING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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01/03

ARTICLES OF ORGANIZATION

	FLORIDA I	IMITTO	FOR	ANIZATIO	N
ARTICLE I - Na	FLORIDA L	TATT [E.]) LIABI	LITY CON	IPANY
The name of the	Limited Liability	Company	is:		
$\sim 2 \alpha \nu$	11-0				

ARTICLE II - Address: The mailing address and street address of the Company is:
Deach Dul)
ARTICLE II - Address:
The mailing - 1
The mailing address and street address of the principal office of the Limited Liability
rady is.
onice of the Limited Liability
17000 N Bay road apt # 11/7 Sunny Fister, FC
17000 N BOY 100 / 1 1 2 3
10ad a01 # 1/17
JUNNY Zelaci
ARTICLE III - Registered Agent, Registered Office:
17000 110
33/60 T
ADDRESS OF THE PROPERTY OF THE
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida Agent, Registered Office.
Company cannot serve as its ann a
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity
Pedro Lus Expusito SP.
- too cos trousito in
JK.
ARTICLE IV The name and title of
-17000 N. Ray
way road apt #1//7 sunce
ARTICLE IV SUNTY IS TO 33/10
The name and title
Liability Community of each person authorized to many
The name and title of each person authorized to manage and control the Limited
- fedro Luis Exposito JR. (AMBR)
Taro cos exposito JR. (AMBR)
THINDR)

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 signee

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)