# C22000308552 Division of Corporations Prida Department of State

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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 Phone : (239)262-5303 Fax Number : (239)262-6030

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Email Address:\_

conrad@swfloridalaw.com

## FLORIDA LIMITED LIABILITY CO.

Crown Mobile Detailing, LLC

Estimated Charge	\$160.00
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Help

Fax: 12392626030

# COVER LETTER

	Registration Section			
SURJEC				.,
302080	Name of Limi	ted Liability Company		
The encl	osed Articles of Organization and fee(s) are	submitted for filing.		
Crown Mobile Detailing, LLC  SUBJECT:  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:  Conrad Willkomm Esq.  Name of Person  Law Office of Conrad Willkomm, P.A.  Firm/Company  3201 Tamiami Trail N, 2nd Floor  Address  Naples, FL 34103  City/State and Zip Code  conrad@swfloridalaw.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Zalman Cole, Esq.  239 262-5303  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$125.00 Filing Fee  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)				
	Conrad Willkomm Esq.	Detailing, LLC  Name of Limited Liability Company  anization and fee(s) are submitted for filing.  nice concerning this matter to the following:  In Esq.  Name of Person  onrad Willkomm, P.A.  Firm/Company  Yail N, 2nd Floor  Address  City/State and Zip Code  alaw.com  all address: (to be used for future annual report notification)  ning this matter, please call:  q. 239 262-5303  at (239 262-5303)  Person Area Code Daytime Telephone Number  Sollowing amount:  130.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  (additional copy is enclosed)  Alama  Address  Section New Filing Section  Fee Corporations		
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	E-mail address: (to be used f	or future annual report n	otification)	
For further	Division of Corporations  Crown Mobile Detailing, LLC  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:  Conrad Willkomm Esq.  Name of Person  Law Office of Conrad Willkomm, P.A.  Firm/Company  3201 Tamiami Trail N, 2nd Floor  Address  Naples, FL 34103  City/State and Zip Code  conrad@swfloridalaw.com  E-mail address: (to be used for future annual report notification)  for further information concerning this matter, please call:  Zalman Cole, Esq.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$125.00 Filing Fee  Certificate of Status & Certificat Copy Supplementations of Status & Certificat Copy Supplementation of Status & Certificat Copy Supplementations of Status & Certificate of Status & Certificate Copy Supplementations of Status & Certifica			
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ÁRTICLE I - Name:

The name of the Limited Liability Company is:

Fax: 12392626030

Crown Mobile Detailing, LLC -

(Must end with 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:

1872 W Crown Pointe Blvd
Naples, FL 34112

1872 W Crown Pointe Blvd

Naples, FL 34112

# 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:

Law Office of Conrad Willkomm, P.A.

Name

1872 W Crown Pointe Blvd

Florida street address (P.O. Box NOT acceptable)

Naples

. FL

34112

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)

Page 1 of 2

ALL AHASSEE ELLOBING

	Title:	Name and Address:	
	"AMBR" = Authorized Member .		
	"MGR" = Manager MGR	Jonathan Anthony Dix	
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ARTI	CLEV: Effective date, if other than the	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 de	_
the da	te of filing.)	es not meet the applicable statutory filing requirements, this date will not be artment of State's records.	
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constitutes a third degree felony as provided for in s.817.155, F.S.

Jonathan Anthony Dix

Typed 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)
\$ 5.00 Certificate of Status (Optional)