	(Requestor's Name)	
<u> </u>	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	
		i

Office Use Only



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COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: MEM Mobile detailing and pressure Cleaning Services 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:
Mark HAII Name of Person
PREM mobile detailing and Pressure Cleaning S-cruices 1
17449 nw guilford Cir
Blountstown Fla 32424 City/State and Zip Code HALLBOY 41. Fe 85 & GMAIL. C.O.M E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Hall at (786) 750-9975 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mem Mobile Oletailing and pressure Cleaning Services 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:
17449 nw guilford ur.	17449 nwguilford Cir
BIOUNTSTOWN F1,32424	Rlovintstown Fl 32424
, , , , , , , , , , , , , , , , , , , ,	

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:

Brittany	mino	
	Name	
17449 nui Florida street address (guilfor	d cir
Florida street address (P.O. Box <u>NOT</u> ac	ceptable)
Blantsta	on Fla	32424
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..

egfstCred Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
Ambr	Brittany minor	
3.4213	17449 NW guilford Cir.	
	Blownstown Fl 32424	
	·	

	-	
(Use attachment if necessary)		
document's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as
TICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	· ->	
·	Sile Ma	
	16.1	
	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
	y false information submitted in a document to the Department of State	
constitutes a third of	degree felony as provided for in s.817.155, F.S.	
***************************************	C.L. M.	
,	Dr. Ttay III.au C	
 •-	Typed or printed name of signee	
	•	~
	Filing Fees:	30
	of Organization and Designation of Registered Agent	<u> </u>
\$ 30.00 Certified Copy (Option		Γ
\$ 5.00 Certificate of Status (O	optional)	