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DATE:

02/24/23

NAME:

RAFAEL MOBILE CARWASH LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

New Filing Section

TO:

COVER LETTER

Div	vision of Corporations				
SUBJECT:	Rafael Mobile Carwa	sh LLC			
30001,61.		Name of Lir	nited Liabili	ty Company	
The enclose	d Articles of Organizati	on and fee(s) ar	e submitted	for filing.	
Please return	n all correspondence con	ncerning this ma	atter to the fo	ollowing:	
	Rafael Cuevas				
-			Name of l	Person	
	Rafael Mobile Carwash	LLC			
-			Firm/Cor	npany	
	11620 Timber Ridge D	r <u>.</u>			
-		-	Addre	ss	
	Tampa, FL 33625				
- Si	usy27523@gmail.com	C	ity/State and	Zip Code	
_	E-mail addr	ess: (to be used	for future ar	inual report notificati	ion)
For further in	formation concerning th	is matter, please	e call;		
F	Kyle A. Delgado, Esq.	5 ' at (16	300-3055	
_	Name of Person			Daytime Telephon	e Number
Enclosed is a	a check for the following	g amount:			
■\$125.00 F	•	0 Filing Fee & te of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corpo		T	itreet Address New Filing Section Di The Centre of Tallaha	issee
	P.O. Box 6327 Tallahassee, FL 33	2314		415 N. Monroe Stree allahassee, FL 3230	

ARTICLE 1 - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rafael Mobile Car	ontain the words "Limited Lial	hility Company "	I C "or" C ")		
(Musi etc	mani tik words Enimed Bla	omity Company.	E.E.C., or EEC.)		
ARTICLE II - Address:					
The mailing address and street	address of the principal offic	e of the Limited I	Liability Company is:		
<u>Princ</u>	ipal Office Address:		Mailing Address:		
11620 Timber Rid	ge Dr.	11620	Timber Ridge Dr.	_	
Tampa, FL 33625			a, FL 33625	2023 FEI	
	<u>.</u>		<u> </u>	္သ ယ	
					4 7
ARTICLE III - Registered A	gent. Registered Office. & I	— Registered Agent	's Signature:	-: CO	
	ny cannot serve as its own Re	gistered Agent. Y	ou must designate an individual or	8 24 8 24	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	ny cannot serve as its own Re	gistered Agent. Y	ou must designate an individual of 3	824	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.)	gistered Agent. Y	ou must designate an individual or	B 24 PM	
(The Limited Liability Compa	ny cannot serve as its own Re n active Florida registration.)	gistered Agent. Y	ou must designate an individual of 3	824	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.)	gistered Agent. Y	ou must designate an individual of 3	B 24 PM	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Rafael Cuevas	gistered Agent. Y	ou must designate an individual of 3	B24 PM I:I	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Rafael Cuevas N	gistered Agent. Y ent are:	ou must designate an individual of 3	B24 PM I:I	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Rafael Cuevas	gistered Agent. Y ent are:	ou must designate an individual of a second	B24 PM I:I	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Rafael Cuevas N 11620 Timber Ridge Dr. Florida street address (P	ent are: ame	ou must designate an individual or	B24 PM I:I	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Rafael Cuevas N 11620 Timber Ridge Dr	gistered Agent. Y ent are:	ou must designate an individual of a second	B24 PM I:I	

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)

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

"AMBR" = Au "MGR" = Mau <u>MGR</u>	_	Name and Address: Rafael Cuevas 11620 Timber Ridge Dr. Tampa, FL 33625
	_	11620 Timber Ridge Dr.
MGR		11620 Timber Ridge Dr.
		11620 Timber Ridge Dr.
		Tampa, FL 33625
		
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(Llea attachma	nt if necessary)	m O
of filing.) If the date inserte	ed in this block does not e date on the Department	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be t of State's records.
REQUIRED S	SIGNATURE:	d by
	The street stree	5EF43
·	This document is execu	nember or an authorized representative of a member. ated in accordance with section 605,0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
	I am aware that any fals constitutes a third degre	ee felony as provided for in s.817.155, F.S.
	I am aware that any fals constitutes a third degre	Typed or printed name of signee
	I am aware that any fals constitutes a third degre	the felony as provided for in s.817.155, F.S.