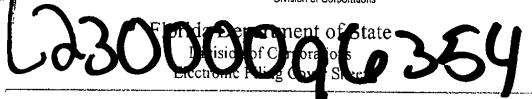
3/2/23, 12:00 PM

Division of Corporations



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(((H23000080540 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:\_\_

## FLORIDA LIMITED LIABILITY CO. DETAILING ZONE ACADEMY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liebility Company is:
Detailing Zone Academy LLC
(Must end with the words "Limited Liability Company, "L.L.C.," of "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:
22541 sw85 <sup>th</sup> PL 22541 sw86 <sup>th</sup> PL . Cutter Ban FL 33190 Outler Ban PL . 33190 Unit 184
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 of nother business entity with an active Florida tegistration.)
he name and the Florida street address of the registered agent are:

Name

2254 Su 88<sup>th</sup> PL

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

City 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 in 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

Registered Agent's Signature (REQUIRED)

Chapter 605, F.S.

(CONTINUED)

Presid?

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ARTICLE IV- The name and address of each person a	thorized to manage and control the Limited Liability Company:
	1
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AUBIL	Angel Morero
	22 44 SW 88 PC # 104
A A .	
AMBIL	Julio morales
	Mami El 33196
AMBR	
	Anaclandia Solovzano
	miami, FL - 34,90
(Use affachment if necessary)	
CLEV: Effective date, if other than the date	
te of filing.) CLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 da
REQUIRED SIGNATURE:	
Signature of a men	nder of an authorized representative of a member.
I am aware that any false infe	october (1) (0), Florida Statutes, the execution of this document der the penaltiles of perjury that the facts stated herein are true, commation submitted in a document to the Department of State
constitutes a third degree feld	ony as provided for in \$.817,155, F.S.)
<i>A</i>	mel Moveno
	Types or printed name of signee
	<u> </u>
,	
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	Page 2 cf 2