

6/11/2023 10:19:27 EDT  
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To 18506176381

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From: MAD ACCOUNTING AND TAXES LLC

Fax: 8446280563

Division of Corporations

# L23000282776

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Fax Number : (850)617-6381

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Account Name : MAD ACCOUNTING AND TAXES LLC  
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## FLORIDA LIMITED LIABILITY CO. CHEMITA AUTO DETAIL LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

CLERK OF STATE  
TALLAHASSEE, FL

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June 8, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MAD ACCOUNTING AND TAXES LLC

SUBJECT: CHEMITA AUTO DETAIL LLC  
REF: W23000080902

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Joel G Pollock  
Regulatory Specialist IIFAX Aud. #: H23000204222  
Letter Number: 623A00013043TALLAHASSEE, FL  
DIVISION OF STATE

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

CHEMITA AUTO DETAIL LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1304 NW 23 COURT  
MIAMI FLORIDA  
33125

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

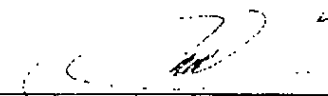
*Mañela Arcuato*  
MAD ACCOUNTING AND TAXES LLC  
1001 N FEDERAL HWY  
SUITE 305  
HALLANDALE BEACH 33009

**ARTICLE IV-**

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

AMBR: JOSE MARIA GUIFARRO

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TALLAHASSEE, FL

**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.

JOSE MARIA GUIFARO

\_\_\_\_\_  
**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)**

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