

L 99 0000004712

Scrubbing Bubbles
1914 East Sunrise Blvd.
Ft. Lauderdale 33304

City/State/Zip

Phone #

300002945213--0
-07/29/99--01062--003
****285.00 ****285.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
SECRETARY OF STATE
JUL 29 PM 3:56

mt

8/2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scrubbing Bubbles, LLC

ARTICLE II - Address:

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

1914 East Sunrise Boulevard
Fort Lauderdale, Florida 33304

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Dana S. Davidoff
1827 Middle River Drive #12
Fort Lauderdale, Florida 33305

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
99 JUL 29 PM 3:56

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____

Scrubbing Bubbles, LLC

certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is

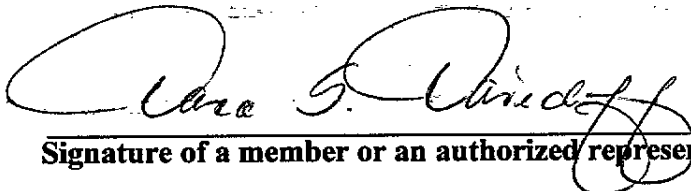
\$ 2,500.00 ;

3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;

(A description of the property is attached and made a part hereto.); and

4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is

\$ 2,500.00 .



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dana S. Davidoff

Typed or printed name of signee

FILED
SECRETARY OF STATE
99 JUL 29 PM 3:57

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

_____ Scrubbing Bubbles, LLC _____

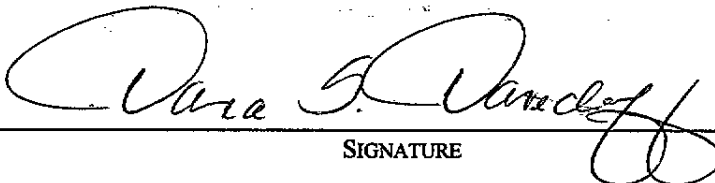
2. The name and the Florida street address of the registered agent are:

_____ Dana S. Davidoff _____
NAME

_____ 1827 Middle River Dr. #12 _____
Florida street address (P. O. Box **NOT** ACCEPTABLE)

_____ Fort Lauderdale FL 33305 _____
CITY, STATE AND 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.

_____  _____
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

99 JUL 29 PM 3:57
FILED
SECRETARY OF STATE
FLORIDA