L08000019635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100116659641

FILED
08 FEB 25 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 FEB 25 PM 12:40
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

FEB 26 2008

EXAMINER

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 458077 81442A

AUTHORIZATION :

COST LIMIT : $ 155.00

FILED
08 FEB 25 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 25, 2008

ORDER TIME : 10:38 AM

ORDER NO. : 458077-005

CUSTOMER NO: 81442A

DOMESTIC FILING

NAME: BESTWAY TRUCK REPAIR, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF BESTWAY TRUCK REPAIR, LLC

The undersigned member, for the purpose of forming a limited liability company under the Chapter 608, Florida Statutes, hereby adopts the following Articles of Organization for Florida Limited Liability Company.

FILED
08 FEB 25 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the limited liability company shall be:

BESTWAY TRUCK REPAIR, LLC

ARTICLE II PRINCIPAL OFFICE

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

6810 Pennsylvania Avenue
Sarasota, FL 34243

ARTICLE III NATURE OF BUSINESS

The limited liability company may engage in any activity or business permitted under the laws of the United States and of this state. The nature of business is medium and heavy diesel truck repair.

ARTICLE IV - EXISTENCE

The existence of this company shall be perpetual.

ARTICLE V REGISTERED AGENT

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

Julie D. Boncoski
6810 Pennsylvania Avenue
Sarasota, FL 34243

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 608, F.S.

JULIE D. BONCOSKI

ARTICLE VI - MANAGEMENT

There shall be two managers and, therefore, known as the co-managing members.

The names and addresses of the co-managing members are:

RUSSELL A. BONCOSKI
6810 Pennsylvania Avenue
Sarasota, FL 34243

JULIE D. BONCOSKI
6810 Pennsylvania Avenue
Sarasota, FL 34243

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

JULIE D. BONCOSKI
CO-MANAGING MEMBER

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me on February 22, 2008, by JULIE D. BONCOSKI, as Managing Member and Registered Agent, who ( ) is personally known to me, or ( ) who produced a Florida Driver's License as identification.

(SEAL)

NOTARY PUBLIC
MY COMMISSION EXPIRES:

Charles H. Ball
Commission # DD347394
Expires October 18, 2008
Bonded Troy Fain - Insurance, Inc. 800-365-7019