

L13000173608

12/16/13

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000274742 3)))



H130002747423ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (800)293-4075

2013 DEC 16 AM 11:20  
FILED

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

Email Address: techautocare@yahoo.com

RECEIVED  
13 DEC 16 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Tech Auto Care LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

DEC 17 2013  
A. LUNT

H13000274742

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Tech Auto Care 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:

434 N. Segrave

434 N. Segrave

Daytona, FL 32114

Daytona, FL 32114

2013 DEC 16 AM 11:20  
FILED

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

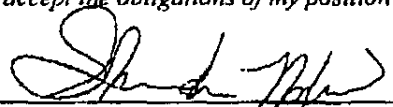
The name and Florida street address of the registered agent are:

Shanda Nobles  
Name

1879 Creekwater Boulevard  
(P.O. Box or Mail Drop Box **NOT** Acceptable)

Port Orange, FL 32128  
(City / State / 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 as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature - Shanda Nobles

**ARTICLE IV - Manager(s) or Managing Member(s):**

H13000274742

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Shanda Nobles - 1879 Creekwater Blvd., Port Orange, FL 32128

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or authorized representative of a member.

( 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. )

Shanda Nobles

Typed or printed name of signee

FILED

2013 DEC 16 AM 11:20

FILED