da Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number

: (845)818-3588

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

Email Address:__ajw@finscrgroup.com

FLORIDA LIMITED LIABILITY CO.

Drive and Motion LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021-09-16 18:30:13 GMT

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Drive and Motion LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "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:

CORAL GABLES, FL 33134

1600 PONCE DE LEON BLVD., 10 FL CORAL GABLES, FL 33134

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 or another business entity with an active Florida registration.)

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

ANDREW ILJACOBUS

Nan

1600 PONCE DE LEON BLVD., 10 FL

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

CORAL GABLES
Cly

FL State 33134

Having been named as registered agent and to accept service of process for the above stated limited liability company at the Triplace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in Fis 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 Captr 605. FS

Registered Agent's Signature (EQJEED)

(CONTINUED)

2021 SEP 16 AM 10: 3

"AMBR" = Authorized Member "MGR" = Manager AMBR	
AMBR	
	RAFAEL VICENTE OJEDA GARCIA URB BUENA VISTA
	CARACAS, MIRANDA, Venezuela 1073
<u>AMBR</u>	VICTOR ALEJANDRO PEREZ ORTIZ
	URB BUENA VISTA CARACAS, MIRANDA, Venezuela 1073
	CARACAS, MIRANDA, venezueta 1075
AMBR	ANDREW JACOBUS
	1600 PONCE DE LEON BLVD., 10 FL CORAL GABLES, FL 33134
	CORAL GABLES, TE 33134
(Use attachment if necessary)	
ICLEV: Effective date, if other than the	ne date of filing: (OPTIONAL)
reffective date is listed, the date must ate of filing.)	be specific and cannot be more than five business days prior to or 90 days a
	s not meet the applicable statutory filing requirements, this date will not be lis
ocument's effective date on the Depar	
ICLEVI: Other provisions, if any.	
CEE VI. Outer provisions, it any.	
	
PFOURED SIGNATURE.	
REOUIRED SIGNATURE:	AT 1
	f a member of authorized representative of a member.
Signature o This document is	f a member of authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)