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(Requestor's Name)
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RECEIVED



Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 437.661 8093409
AUTHORIZATION: Spelle de mar
COST LIMIT : \$ 125.00
ORDER DATE : January 26, 2022
ORDER TIME : 8:50 AM
ORDER NO. : 437661-005
CUSTOMER NO: 8093409
DOMESTIC FILING
NAME: EZ TOW ASSIST, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alevyis Weiland - FYT

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

COVER LETTER

	w Filing Sec vision of Cor						
SUBJECT:	EZ Tow As	ssist, LLC					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company						
The enclosed	l Anicles of	Organization and fee	s) are submitte	d for filing.			
Please return	all correspo	ndence concerning th	is matter to the	following:			
	John Murphy	,					
-		·	Name o	f Person			
I	EZ Tow Ass	ist					
_	_	· -	Firm/C	ompany			
1	155 Technolo	ogy Park					
-			Add	ress			
I	Lake Mary, I	FL 32746					
-	h		City/State a	nd Zip Code			
<u> </u>		clubassist.com	used for future	annual report notificat	ion)		
For further info		cerning this matter, p		will report in the last	,		
	ohn Murphy		407	572-2011			
	Name	of Person		Daytime Telephon	e Number		
Enclosed is a	check for th	e following amount:					
□\$125.00 F		□\$130.00 Filing For Certificate of Statu	s Certif	5.00 Filing Fee & ied Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing A			Street Address			
		ing Section n of Corporations		New Filing Section Division The Centre of Tallahassee			
	P.O. Bo			2415 N. Monroe Stree Tallahassee, FL 3230	et, Suite 810		

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EZ Tow Assist, I				
(Must o	conatin the words "Limited	I Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	et address of the principal	office of the Limite	d Liability Company is:	
<u>Prin</u>	Principal Office Address:		Mailing Address:	
155 Technology	Park	155	Lake Mary, FL 32746	
Lake Mary, FL 3				
				
The name and the Florida str	-			
	Corporation Service			
		Name		
	1201 Hays Street			
	Florida street addre	ess (P.O. Box <u>NOT</u>	acceptable)	
	Tallahassee	<u> </u>	32301	
znina haan namad zu saccietas	City	State	Zip	Observation and the
laving been named as register lace designated in this certific wther agree to comply with th m familiar with and accept the	City red agent and to accept ser- rate. I hereby accept the app the provisions of all statutes	State vice of process for th pointment as registe, relating to the prope 1 as registered agent vice Company	Zip e above stated limited liah red agent and agree to act r and complete performan as provided for in Chapte	in this capacity. I ce of my duties, and I
lace designated in this certific irther agree to comply with th	City red agent and to accept servate. I hereby accept the appetence of all statutes of all statutes. Corporation Servation Se	State wice of process for the pointment as registered agent vice Company Duly Wall of State Company	Zip e above stated limited liab red agent and agree to act r and complete performan as provided for in Chapte	in this capacity. I ce of my duties, and I r 605, F.S.
lace designated in this certific irther agree to comply with th	City red agent and to accept servate. I hereby accept the appetence of all statutes of all statutes. Corporation Servation Se	State vice of process for th pointment as registe, relating to the prope 1 as registered agent vice Company	Zip e above stated limited liab red agent and agree to act r and complete performan as provided for in Chapte	in this capacity. I ce of my duties, and I

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	John Tutt 155 Technology Park
	Lake Mary, FL 32746
	
<u> </u>	
(Use attachment if necessary)	
·	
CLEV: Effective date, if other than t	he date of filing: (OPTIONAL)
· · · · · · · · · · · · · · · · ·	
effective date is listed, the date mus	t be specific and cannot be more than five business days prior to or 90 days after
effective date is listed, the date mus te of filing.)	
effective date is listed, the date mus te of filing.) If the date inserted in this block doe	es not meet the applicable statutory filing requirements, this date will not be listed as
effective date is listed, the date mus te of filing.) If the date inserted in this block document's effective date on the Depar	es not meet the applicable statutory filing requirements, this date will not be listed as
effective date is listed, the date mus te of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not be listed as rtment of State's records.
effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not be listed as
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effective date is listed, the date must e of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not be listed as rtment of State's records.

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

John Tutt

Typed or printed name of signee

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)