

L02000005349

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : PARCORP SERVICES, LTD.
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TALLAHASSEE, FLORIDA

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02 MAR -6 AM 11:20
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SEMI AUTOSTEN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

L02-5349
3/6

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STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF
SEMAUTOSTEN, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEMAUTOSTEN, LLC

ARTICLE II - Address:

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

4227 HEADSAIL DRIVE, NEW PORT RICHEY, FL 34652

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

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

VICTOR GRECHNIW

Name

4227 HEADSAIL DRIVE


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

NEW PORT RICHEY, FL 34652

City, State and Zip

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TALLAHASSEE, FLORIDA

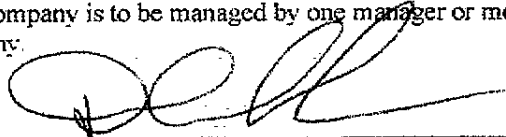
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608. P.S.



Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.



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.)

DAVID L. SURINA

Typed or Printed name of signer

Preparer Info:

Parcorp Services, Ltd. David L. Surina
9201 W. 25th Street, Suite B137817, Miramar, FL 33185 // P(800) 809-2532 x48

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**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:

SEMIAUTOSTEN, LLC

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

VICTOR GRECHNIW

Name

4227 HEADSAIL DRIVE

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

NEW PORT RICHEY, FL 34652

City, State and Zip

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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 **VICTOR GRECHNIW**

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