

LD3000004332

00789-00623-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status 1

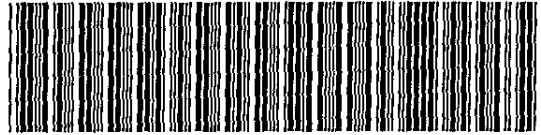
Special Instructions to Filing Officer:

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CC+LWS

W03-2295

Office Use Only



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01/24/03--01032--003 **160.00

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CLERK - JESSICA

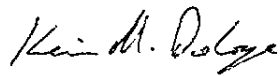
January 20, 2003

Registration Section
Division of Corporations
Post office Box 6327
Tallahassee, FL 32314

Attached is the form and payment needed to form a Florida Limited Liability Company.
As per the instructions, my name, address and daytime phone number are here submitted:

Kevin DeLoye
6215 Orange Cove Drive
Orlando, FL 32819
(407)352-3709

Thank You

A handwritten signature in cursive script that reads "Kevin M. DeLoye".

Kevin DeLoye



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

January 27, 2003

KEVIN DELOYE
6215 ORANGE COVE DRIVE
ORLANDO, FL 32819

SUBJECT: FLEETGARD OF ORLANDO, LLC
Ref. Number: W03000002295

We have received your document for FLEETGARD OF ORLANDO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 203A00004978

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
FleetGard of Orlando, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
6215 Orange Cove Drive
Orlando, FL 32819

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

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

Kevin DeLoye

Name

6215 Orange Cove Drive

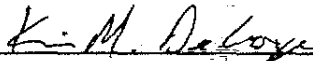
Florida street address (P.O. Box **NOT** acceptable)

Orlando,

FL , 32819

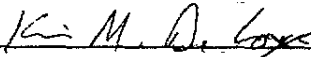
City, State, and Zip

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

(An additional article must be added if an effective date is requested)



Signature of a member or an 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.)

Kevin DeLoye

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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03 FEB -5 AM 8:58
TALLAHASSEE, FLORIDA