

Division of Corporations Public Access System

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Division of Corporations Fax Number

: (850)205-0383

From:

: AGENTS AND CORPORATIONS, INC Account Name

Account Number: 120010000112 Phone : (302)575-0875 : (302)575-0925 Fax Number

LIMITED LIABILITY COMPANY

NATIONWIDE TOWING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of this Limited Liability Company is NATIONWIDE TOWING, LLC.

ARTICLE II - Address: The mailing address and street address of the Limited Liability Company is:

PRINCIPAL OFFICE ADDRESS:

1715 D Coachman Plaza Drive Clearwater, Ft 33759 MAILING ADDRESS: 1715 D Coachman Plaza Drive Clearwater, Fl 33759

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are:

Gioger Smith 1715 D Coachman Plaza Drive Clearwater, Fl 33759

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 603, Florida Statutes.

Registered Agent's Signature

GINGER SMITH

ARTICLE (V - Manager(s) or Managing Member(s):

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

Title: Name and Address:

"MGR" = Manager

"MGRM" = "Managing Member_

MORM

Ginger Smith, 1715 D Coachman Plaza Drive, Clearwater, Fl 33759

REQUIRED SIGNATURE:
GINGER SMITH
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 state herein are true.)

Typed or Printed name of signee

OB DEC 18 PH 12: 04
SECRETARY OF STATE
SECRETARY OF STATE