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LIMITED LIABILITY COMPANY

Certified Collision, L.L.C.

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H05000266231

ARTICLE I - Name

The name of the Limited Liability Company is: **CERTIFIED COLLISION, L.L.C.**

ARTICLE II - Address

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

Principal Office Address:

2520 NE 18th Terrace

Gainesville, FL 32609

Mailing Address:

2520 NE 18th Terrace

Gainesville, FL 32609

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TALLAHASSEE, FLORIDA

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

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

Jonathan Lindsey

Name

2520 NE 18th Terrace

(P.O. Box or Mail Drop Box NOT Acceptable)

Gainesville, FL 32609

(City / State / 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 - Jonathan Lindsey

ARTICLE IV.- Manager(s) or Managing Member(s):

H05000266231

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jonathan Lindsey- 9774 SW 52nd Lane, Gainesville, FL 32608

MGRM

Tonda Lindsey- 9774 SW 52nd Lane, Gainesville, FL 32608

(Use attachment if necessary)

REQUIRED SIGNATURE:


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.)

Jonathan Lindsey

Typed or printed name of signee

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