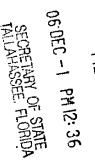
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		12-401
<u> </u>	Office Use Onl	vC 1 (1) (X)



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1 STOP Driving School LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle A. Cefdia (Name of Person)
1630 SE Sunshine AV
1630 SE Sunshine AV PORT Saint Lucie, FL 34952 Gitt/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call: Michelle Cefaia at (772) 335-0558
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Peristration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
1 STOP Driving School LLC
(Must end with the words "Limited Liability Company, "Efficied Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1630 SE Sunshine AV POVE Joint hucre, Fr 34952 Same
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature? (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Michelle A Cofolia
Name
1530 SE Sunshine AV
Florida street address (P.O. Box NOT acceptable)
Port Soint Lucie 34952
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 (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	hours Ceforia
MGRH	Michelle Cefolia
	SECRETARY OF ST
	- ZEE OF THE COURT
(Use attachment if necessary)	
CLE V: Effective date, if other the	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
CLE V: Effective date, if other the effective date is listed, the date is	
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed that the specific and cannot be more than five business days proceed the specific and cannot be more than five business days proceed the specific and cannot be more than five business days proceed the specific and cannot be more than five business days proceed the specific and cannot be more than five business days proceed the specific and cannot be more than five business days proceed the specific and cannot be more than the s

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)

Typed or printed name of signee