

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002395  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

HEADS UP REPAIR, LLC.

Certificate of Status	0
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2/2/2007

**ARTICLES OF ORGINIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**HEADS UP REPAIR, LLC.**

**ARTICLE II - Address:**

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

**Principle Office Address:**

**Mailing Address:**

**8485 SW 152<sup>ND</sup> PL**

**8485 SW 152<sup>ND</sup> PL**

**DUNNELLO, FL 34432**

**DUNNELLO, FL 34432**

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

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

**SCOTT HEAD**

Name

**8485 SW 152<sup>ND</sup> PL**

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

**DUNNELLO, FL 34432**

City, State, and Zip

*Having been named as registered agent and to accept service of process for 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, Florida Statutes.*

  
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

SCOTT HEAD

3485 SW 152<sup>ND</sup> PL

DUNNELLON, FL 34432

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

✓ *Scott Head*  
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 penalties of perjury that the facts stated herein are true.)

SCOTT HEAD

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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