

607000121507

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

EXPERT TOUCH AUTOMOTIVE., LLC.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXPERT TOUCH AUTOMOTIVE, 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:

540 SW 8TH ST STE 104

540 SW 8TH ST STE 104

OCALA, FL 34471

OCALA, FL 34471

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

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

LENNOX DILLON

Name

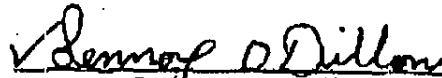
540 SW 8TH ST STE 104

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

OCALA, FL 34471

City, State, and Zip

Having been named as registered agent and to accept service of process for above stated limited liability company as 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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(CONTINUED)

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:

MGRM

LENNOX DILLON
234 MARION OAKS LN
OCALA, FL 34473

MGRM

AVALICIA W. DILLON
234 MARION OAKS LN
OCALA, FL 34473

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

LENNOX DILLON
Typed or printed name of signor

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