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EXAMINER

COVER LETTER

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	eration Section on of Corporations
SUBJECT: _	ACE Towing and RECOVERY UC (Name of Limited Liability Company)
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
Please return al	I correspondence concerning this matter to the following:
	Trancisco Acereson)
	(Firm/Company)
	702 West Waters AVE
	Tampa Fl 3310D4 (City/State and Zip Code)
For further info	rmation concerning this matter, please call:
Fran	(Name of Person) at (\(\frac{\text{813}}{\text{Area Code & Daytime Telephone Number}\)
	check for the following amount: ag Fee \$\sum_{\text{\$130.00 Filing Fee & }} \sum_{\text{\$155.00 Filing Fee & }} \sum_{\text{\$160.00 Filing Fee, }} \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
ACE Town and Recovery LLC (Must end with the words "Limited Liability Company, "L.V.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is

ARTICLE I - Name:

Principal Office Address:

102 W. Waters AVE 102 W. Waters Tampa F1 33601	<u> </u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.)		D
The name and the Florida street address of the registered agent are:	08	ISIAI J3S
Francisco ACEVEDO Name	JAN 23	93
Florida street address (P.O. Box NOT acceptable)	PH 3:	
Lano O Lake FL 34639 City, State, and Zip	2,	ī

Mailing Address:

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)

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

. . 1 😓

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Francisco C. Acevero SR. 1505 Worm Merinei AVE Tamos Floring 3365
MGRM	Sarah Acevers 5953 Canon TUFF Place Lann of Calces Fl 34639
MGRM	Francisco Aceveto JR. 5953 Canon Tuft Place Lano O Lakes Fl 34639
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
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 the penalties of perjury that the facts stated herein are true.)

YOUK ACTUEDO IT

Typed or printed name of signee

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)