

**LO90000707793**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000070779 3)))



H090000707793ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

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

## From:

Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 322-0520

**FILED**  
09 MAR 26 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****DELGATO TRUCK REPAIRS, LLC****D. BRUCE**

MAR 27 2009

**EXAMINER**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**RECEIVED**

09 MAR 26 AM 6:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**H090000707793**

H090000707793

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DELGATO TRUCK REPAIRS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2428 S 47TH ST S

TAMPA, FL 33619

**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:

DAVID C HASTINGS CPA

Name

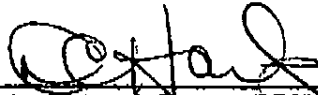
2207 54TH ST S

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

GULFPORT, FL 33707

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

H090000707793

FILED  
09 MAR 26 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ho90000707793

**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

LEON A DELGATO

2428 S 47TH ST

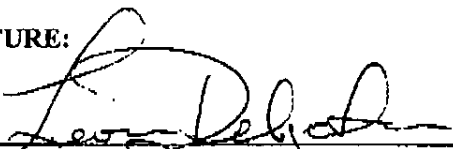
TAMPA, FL 33619

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

**LEON A DELGATO**

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)

**FILED**  
09 MAR 26 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ho90000707793