## 10000077585

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
<u> </u>					
(Business Entity Name)					
(Document Number)					
Cartified Conies Cartificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only

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**EXAMINER** 



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SECRETARY OF STATE. ALLAHASSEE, FLORIDA

10 JUL 22 AM II: 56

## **COVER LETTER**

TO:	Registration S Division of Co						
	2						
SUBJ	SUBJECT: Go Lube, LLC.						
Name of Limited Liability Company							
The er	closed Articles of	f Organization and fee(s) are :	submitted for filing.				
Please	return all corresp	ondence concerning this matt	er to the following:				
	Jonathan Elro	od					
	Name of Person						
	Go Lube, LLC.						
	Firm/Company						
	5333 Ivory DR.						
	Address						
	Sebring, FL 33875						
City/State and Zip Code							
	jonathan@go-	-lube.com					
		E-mail address: (to be used f	or future annual report notification)				
For fu	rther information	concerning this matter, please	call:				
Jonathan Elrod			at ( 863 ) 382-6446				
Name of Person Area Code & Daytime Telephone Number			Area Code & Daytime Telephone Number				
Enclo	sed is a check for	or the following amount:					
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address 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:						
Go Lube, LLC.						
(Must end with the words "I	imited Liability Company, "L.L.C.," or "LLC."	)				
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limit	ed Liability Company is:				
Principal Office Address:	<b>Mailing Address:</b>					
5333 Ivory Dr.	5333 Ivory Dr.					
Sebring, FL 33875	Sebring, FL 33875					
The name and the Florida street address  Kristen Elrod	Name					
5333 Ivory DR						
	Florida street address (P.O. Box NOT acceptable)					
Sebring	FL 33875					
	City, State, and Zip					
liability company at the place desi registered agent and agree to act in to statutes relating to the proper and c	ent and to accept service of process for ignated in this certificate, I hereby acc his capacity. I further agree to comply omplete performance of my duties, an ion as registered agent as provided for	ept the appointment as y with the provisions of all ad I am familiar with and				
Hrister	Pard					
	gent's Signature (REQUIRED)	TAE 3				
	(CONTINUED)					

Page 1 of 2

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

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

MODM		
MGRM	Jonathan Elrod 5333 Ivory DR Sebring, FL 33875	
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be so or 90 days after the date of filing.)	ate of filing: (pecific and cannot be more than five bu	(OPTIONAL) usiness days priot
<u>REQUIRED</u> SIGNATURE:	CElm	
	or an authorized representative of a member.	
(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	
Jonathan Eirod		
Турес	d or printed name of signee	

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)