

**L100000104104**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.**

**TRUE Auto Repair, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TRUE Auto Repair, LLC**

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**ARTICLE II - Address:**

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

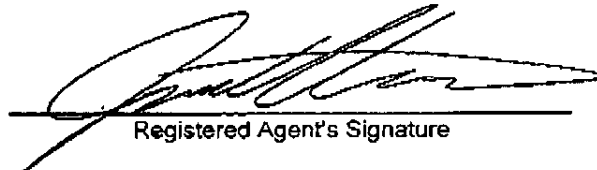
**6600 106th St N  
Seminole FL 33772**

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

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

**James Ahrendt  
6600 106th St N  
Seminole FL 33772**

*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

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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:**

**Name and Address:**

**Managing Member**

**James Ahrendt  
9312 Westlinks Terr.  
Seminole FL 33777**

**Managing Member**

**Wieslaw Wasielewski  
6321 113th St Apt.#608  
Seminole FL 33772**

**REQUIRED SIGNATURE:**

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Signature of a Managing 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.)

**James Ahrendt**

\_\_\_\_\_  
Typed or printed name of signee

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