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. (Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE NOT HIS HOLD ALLAHASSEE, FLORID BUFFICIENCY OF FILE

DEPARTMENT OF STA

COVER LETTER

TO:

Registration Section

Division of Corporations)			
SUBJECT:	Branford Name of Limited L	lowing	and Red	covery, LLC
The enclosed Articles of Organizat	ion and fee(s) are subr	nitted for filing.		
Please return all correspondence co	oncerning this matter to	o the following:		
John B Dorenk				
	Nac	ne of Person		
Branford Towin	g & Recovery	1 LLC		
	Fir	m/Company		
6931 US Highw	ay 27E			
		Address		
Branford, Florida				
idarankatt@aal.com	•	ate and Zip Code		
jdorenkott@aol.cor	address: (to be used for fi	uture annual repor	t notification)	
For further information concerning	·	•		
John Dorenkott	at	(954)	914-2944	
Name of Person		Area Code	& Daytime Telepho	one Number
Enclosed is a check for the follo	owing amount:			
\$125.00 Filing Fee \$130.00 Certifi	O Filing Fee & cate of Status	\$155.00 Filing Certified Cop (additional copy	is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Registra Divisio P.O. Bo	<u>a Address</u> ation Section n of Corporations ox 6327 assee, FL 32314	Registration Division Clifton Bo 2661 Exec	urier Address on Section of Corporations uilding cutive Center Circ ee, FL 32301	ele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
Must end with the words "Limit	Towing and Recovery LLC ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6931 US Highway 27E	P.O. Box 920
Branford, Florida 32008	Branford, Florida 32008
	of the registered agent are:
	Name
6931 US Hig	hway 27E SS =
Florida s	street address (P.O. Box NOT acceptable)
Branford	_{FL} 32008 = 💆 📻 🔽
	City, State, and Zip
liability company at the place designor registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

f , ,

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	John B. Dorenkott
	P.O. Box 920
	Branford, Florida 32008
	
(Use attachment if necessary)	
(Use attachment if necessary)	
LEV: Effective date, if other th	an the date of filing: 1/18/11 (OPTIONAL)
CLE V: Effective date, if other the ffective date is listed, the date in	an the date of filing: 1/18/11 (OPTIONAL) nust be specific and cannot be more than five business days pri
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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)