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**FLORIDA LIMITED LIABILITY CO.
DOCTOR SEMI TRAILER REPAIR, LLC**

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COMPUTAX USA INC 727-546-3365

NO. 989 P. 2

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOCTOR SEMI TRAILER REPAIR, LLC

ARTICLE II - Address:

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

**4378 Park Blvd
Pinellas Park FL 33781**

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

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

**Robert Nowakowski
520 73rd Ave
St Pete Beach FL 33706**

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:

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Robert Nowakowski 520 73rd Ave St. Pete Beach FL 33706
Managing Member	Magdalena Nowakowski 520 73rd Ave St. Pete Beach FL 33706

REQUIRED SIGNATURE:



Signature of a Managing Member

(In accordance with section 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Nowakowski

Typed or printed name of signee

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