

# 12000061534

18/2080 23:58

Page 1 of 1

Florida Department of State  
Division of Corporations  
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.

((H12000125048 3)))



H120001250483ABCX

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 : LAZARUS CORPORATE FILING SERVICE, INC  
Account Number : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

RECEIVED  
12 MAY -7 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
50/50 TOWING SERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED  
12 MAY -7 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

K. SALLY  
EXAMINER  
MAY 8 2012

May 7<sup>th</sup>, 2012

**Florida Department of State**

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of 50/50 TOWING SERVICES, LLC  
of Doc # L10000094541 are the same owners of the attached  
articles of incorporation. We have dissolved the company and have no intention  
of reopening it. Thank you for your help in this matter.

Very sincerely,

Chisholm Wrosten

FILED  
12 MAY -7 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12 MAY -7 AM 8:35

H12000125048

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

50/50 TOWING SERVICES, 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:

711 NW 5th AVE  
FT. Lauderdale  
FL 33311

Mailing Address:

711 NW 5th AVE  
FT. Lauderdale  
FL 33311

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:

CHISHOLM WINSTON

Name

711 NW 5th AVE

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

FT. Lauderdale FL 33311

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.*

Chisholm Winston

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H12000125048

H12000125048

**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

CHISHOLM WINSTON  
711 NW 5th AVE  
FT. LAUDERDALE, FL 33311

(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:**

Chisholm Winston

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CHISHOLM WINSTON

Typed or printed name of signer

H12000125048