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(R	equestor's Name)
(A	ddress)
(Ad	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bo	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Stubbs Towing and Recovery, LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James Bond Stubbs/Erin Lee Stubbs	
Firm/Company	
33 Spruce Ave	
Panacea FL 32346	
City/State and Zip Code jemes bood 007 - 77 @ msn. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
James Stubs at (850) 363-0274 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	* g
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

The name of the Limited Liability Company is:	
Stubbs Towing and (Must end with the words Limited Liability	Rocovery LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
33 Spruce Ave Panacea Fl. 32346	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
James B. Stub	os
33 Spruce AM	ress (P.O. Box NOT acceptable)
Panacea	FL 3234(6 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608; F.S.
Registered Agent's Signatu	
(CONTINU	JED) FIN 5

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	James Bond Stubbs 33 spruce Ave Panacea, FC. 32346
MGRM	Erin Lee Studos 33 Spruce Ave Panacea, Fl. 32346
	
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fective date is listed, the date	than the date of filing: (OPTIONAI must be specific and cannot be more than five business days
LE V: Effective date, if other	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days a member or an authorized representative of a member.
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: (In accordance with se constitutes an affirmat I am aware that any fa	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)