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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

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

Email Address: techautocare@yahoo.com

RECEIVED
13 DEC 16 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Tech Auto Care LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

DEC 17 2013
A. LUNT

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Tech Auto Care LLC**

ARTICLE II - Address

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

Principal Office Address:

434 N. Segrave

Daytona, FL 32114

Mailing Address:

434 N. Segrave

Daytona, FL 32114

FILED
2013 DEC 16 AM 11:20
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA

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

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

Shanda Nobles

Name

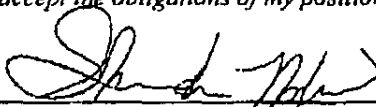
1879 Creekwater Boulevard

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Port Orange, FL 32128

(City / State / 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.



Registered Agent's Signature - Shanda Nobles

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

H13000274742

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

Title:

Name and Address:

"MGR" = Manager


"MGRM" = Managing Member

MGRM

Shanda Nobles - 1879 Creekwater Blvd., Port Orange, FL 32128

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Shanda Nobles

Typed or printed name of signee

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2013 DEC 16 AM 11:20
CLERK OF DISTRICT COURT
PORT ORANGE, FLORIDA