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#### COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Virtual Fleet Supervisor, LLC
	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Geneva Harrison Name of Person
	14anb 0.2 1 0.50m
	Capitol Services – Corporate Filings Team
	Firm/Company
	800 Brazos Ste 400
	Address
	Austin TX 78701
	City/State and Zip Code
	dnauslar@glazers.com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
Genev	a Harrison at ( 800 ) 345-4647
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
]\$125.00	Filing Fee \$\begin{align*} \$\\$130.00\$ Filing Fee & \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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

ARTICLE I - Name				<del></del>
The name of the Lim	ited Liability Company is:			VITY N
Virtual Fleet Supe				APR
	(Must end with the words "Lir	nited Linbillty Company, "L.L.C.	.," or "LLC.")	-9 -9
ARTICLE II - Add	ress:			m,≪ F
		pal office of the Limited Liability	Company is:	PH 1
Principal Office Ad	dress:	Mailing Address:		L: 30 STATE LORID
816 Executive Drive	/e			_
Oviedo, Florida 32				<del>-</del>
(The Limited Liabili another business en		·		ridual or
	Drew Sheahan	,		
		√amc	<del></del>	
	816 Executive Drive Florida street address (P.O	. Box <u>NOT</u> acceptable)	<del></del>	
	Oviedo	Fl. 32765		
	City	Zip		
the place designe capacity. I further	nted in this certificate, I hereby of agree to comply with the provis I am familiar with and accept the	pt service of process for the above accept the appointment as registers clons of all statutes relating to the pie obligations of my position as rechapter 605, F.S	ed agent and agree proper and complet	to act in this to performance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	<del></del>
"MGR" = Manager	
MGR	D/D Capital, LI,C
	5518 Harbor Town Drive
	Dallas, Texas 75287 🕒 🖒
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	FLORIDATE CORIDA
	콘션
	Visit services and the services are the services and the services and the services are the services are the services and the services are the
(Use attachment if necessary)  E.V: Effective date, if other than ective date is listed, the date mu of filing.)	the date of filing:
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