

L14000060485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

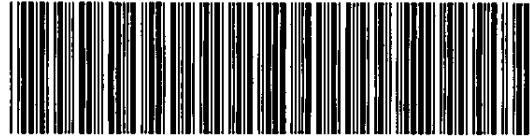
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
14 APR 11 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 14, 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2014

AUSTIN DAVIS / DAVIS TOWING LLC
8362 PINES BLVD SUITE 442
PEMBROKE PINES, FL 33024 US

SUBJECT: DAVIS TOWING LLC
Ref. Number: W14000019571

We have received your document for DAVIS TOWING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P99000014038.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 314A00006589

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Davis Towing 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:

Austin Davis
Name of Person

Davis Towing LLC
Firm/Company

8362 Pines Boulevard, Suite 442
Address

Pembroke Pines, FL 33024
City/State and Zip Code

a.davis2443@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Davis at (786) 218-1662
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tows by Us, 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:

Ausitin Davis
Name of Person

Tows by Us, LLC
Firm/Company

8362 Pines Boulevard, Suite 442
Address

Pembroke Pines, FL 33024
City/State and Zip Code

a.davis2443@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Davis at (786) 218-1662
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tows by Us, 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:

3380 South Douglas Road, Apt. 307
Miramar, FL 33025

Mailing Address:

8362 Pines Boulevard
Suite 442
Pembroke Pines, FL 33024

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:

Adia McKenzie

Name

4266 Magnolia Ridge Drive

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

Weston

City

FL 33331

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 605, F.S.

Adia K. McKenzie

Registered Agent's Signature (REQUIRED)

(CONTINUED)