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(Re	questor's Name)	
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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FINKS TOW Nam	UNGANDTRANSPORT	- LLC
Nam	e of Limited Liability Company	
The enclosed Articles of Organization and	fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Sara Bou	YQUI 9 non Name of Person	<u> </u>
	Name of Person	
FINKS TOWNE	ANDTRANSPORT LL	C
111110 1011110	Firm/Company	
5048 Map	kwood Drive	er er utta er e kun
	Address	20
Hermando Be	och, FL 3460	2 PAR 3 .
finkstowingandt	City/State and Zip Code  City/State and Zip Code	m ASSET
E-mair address: (to	be used for tuture annual report notific	cation)
For further information concerning this mat	tter, please call:	9 52 STATE LORID
Sara Bourquignon	at ( 352 ) 257-8 Area Code Daytime T	
Name of Person	Area Code Daytime T	'elephone'Number
Enclosed is a check for the following amou	unt:	<b>€</b> ,65
\$125.00 Filing Fee  \$130.00 Filing F Certificate of St	Fee & \$\Bigsim\$	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Ado	idress

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
FINKS TOWING AND TRA (Must end with the words "Lin	ANSPORT LLC mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5048 Maplewood Drive Hernando Beach, FL 346	5048 Maplewood Drive Hernando Beach, F134607
ARTICLE III - Registered Agent, Registered Of (The-Limited Liability Company cannot serve as its another business entity with an active Florida regis	own Registered Agent. You must designate an individual or
The name and the Florida street address of the regis	stered agent are:
Sara Boar	rauignon = E
ī	vame Same
Florida street address (P.O	plewood Drive
Florida street address (P.O	Box NOT acceptable)
Hernando Bead	eh FL 34607 55 3
City	Zip 经局 25
the place designated in this certificate, I hereby of capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the	ept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance he obligations of my position as registered agent as provided for in Chapter 605, F.S
	·
Paristered Agents	Signature (REQUIRED)
Registered Agent 5 3	Signature (VESCORED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	· Æ *
MGR	Sava Bourguignon 5048 Maple Wood Drive Hernando Beach, FL 34607	
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of the effective date is listed, the date must be specified.		s after
FICLE V: Effective date, if other than the date on effective date is listed, the date must be speciate of filing.)  FICLE VI: Other provisions, if any.	cific and cannot be more than five business days prior poor 90 day	1. 1.
TCLE V: Effective date, if other than the date of an effective date is listed, the date must be speciate of filing.)  TCLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605)	her or an authorized representative of a member.	1. 1.
REQUIRED SIGNATURE:  Signature of a men  (In accordance with section 605  constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	cific and cannot be more than five business days prior prof.90 day	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

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