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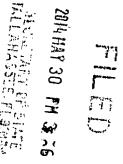
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
	JUN - 6 20 A. LUNT	

Office Use Only



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COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	Ronnie's Mon	bile Truils Repair	£111."	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
Please return all corre	spondence concerning this m	natter to the following:	,	
	Romic Hun	Name of Person		
	 	Name of Person	*****	
\$100 PE - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	Ronnies Mo	hile Truck R	Pepail :	2014 MAY 30
		Firm/Company		
92	24 Beilley R	Address	6 7 7 m 2 5 4 m 5 7 7 cm	
Pub	uindale Fl.	33823	38422 2017 4017	
Rate	hit Ronnia	33823 City/State and Zip Code HHOU. Com d for future annual report notifica	ation)	
	on concerning this matter, ple			
		763 Z57-8 Area Code Daytime Te	2527 Iephone Number	
Enclosed is a check fe	or 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 enclo	

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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Ronnies Mobile Truck (Must end with the words "Limited L	Ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off.	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Aubilida E T 33825	SAME
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	[17]
Florida street address (P.O. Box I	RD
City	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

R" = Authorized Member ≡ Manager	Romic Hough of 124 Bouch RD. Aubrindale F1 33823
≤ Manager	Romic Humphry 124 Belle RD. Aubundale F1 33823
	124 Belles RD. Aubundare F1 33873
	Aubrinda F1 33823
	flubvinage (1) 3883
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	C. P. C.
	9.
	ng: (OPTIONAL) and cannot be more than five business days prior to or 90
ate is listed, the date must be specific a c) Other provisions, if any.	ng: (OPTIONAL) and cannot be more than five business days prior to or 90
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ther provisions, if any.	ng: (OPTIONAL) and cannot be more than five business days prior to or 90
Other provisions, if any. IRED SIGNATURE: Signature of a member	and cannot be more than five business days prior to or 90 4 A or an authorized representative of a member.
Signature of a member (In accordance with section 605.0203	or an authorized representative of a member.
Signature of a member (In accordance with section 605.0203 constitutes an affirmation under the p	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true.
Signature of a member (In accordance with section 605.0203 constitutes an affirmation under the p I am aware that any false information	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State
Signature of a member (In accordance with section 605.0203 constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as pi	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State rovided for in s.817.155, F.S.)
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Page 2 of 2