## L14000095426

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openia, menantano to 1 mmg emesi.
,
1.1111-31112
W14-34122

Office Use Only



000260531810

05/27/14--01052--015 \*\*155.00

2014 12 日本19

B. BOSTICK
JUN 1 3 2014
EXAMINER

## **COVER LETTER**

	ion Section of Corporations	
SUBJECT:	Mobile Auto Maintenance L. Name of Limited Liability Company	LC
The enclosed Artic	eles of Organization and fee(s) are submitted for filing.	
Please return all co	prrespondence concerning this matter to the following:	
	Josh Ostalkiewicz Name of Person	
	Firm/Company	
1.2	Ste 350	
_1_2	3750 W. Colonial Drive Address	
	Winter Garden FL 34787	
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	 
Josh	Ostalkiewiczat (321) S14 - 9945 5	
Enclosed is a check	k for the following amount:    Signature   Continue   C	
R D P	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Mobile Auto Mainter (Must end with the words "Limited Liability Com	nance LCC pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lir	nited Liability Company is:
Principal Office Address: Mailing A	ddress:
13750 W. Colonial Dr 137	SO W. Colonial Dr.
Winter Garden FL 34787 Winter	er Gorden PL 34787
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Tosh Ostalk Name 938 Copenhagen Florida street address (P.O. Box <u>NOT</u> accepta	Cientinz
Name	
938 Copenhagen	Way
Florida street address (P.O. Box <u>NOT</u> accepta	ible)
Winter Garden FL City	34787
City	Zıp
Having been named as registered agent and to accept service of proces the place designated in this certificate, I hereby accept the appointm capacity. I further agree to comply with the provisions of all statutes r of my duties, and I am familiar with and accept the obligations of my Chapter 60 f F.S	ent as registered agent and agree to act in this relating to the proper and complete performance
Registered Agent's Signature (REQUIR	ED)
(CONTINUED)	15-25 emin 
Page 1 of 2	, 17Day

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
HMDR	Josh Ostalkiewi	<u>7</u>
	13750 W. Colonial Dr Winter Garden Pl 3478	>/*\ 
	74 77 77 77 77 77 77 77 77 77 77 77 77 7	<b></b> _
		<del></del>
		-
(Use attachment if necessary)		
(Ose attachment if necessary)		
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to o	r 90 da
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to o	r 90 da
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to o	r 90 da
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  EVI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to o	r 90 da
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to o	
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605)	nber or an authorized representative of a member.	
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to o	
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  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	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  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	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State	
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  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	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony \$125.00 Filing Fee for Articles of Org	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Tosh  Typed or printed name of signee	
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  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 \$125.00 Filing Fee for Articles of Org \$30.00 Certified Copy (Optional)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docume the penalues of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: anization and Designation of Registered Agent	
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  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 \$125.00 Filing Fee for Articles of Org \$30.00 Certified Copy (Optional)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true. That ion submitted in a document to the Department of State of as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  anization and Designation of Registered Agent	
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  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 \$125.00 Filing Fee for Articles of Org \$30.00 Certified Copy (Optional)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docume the penalues of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: anization and Designation of Registered Agent	

ARTICLE IV-



June 2, 2014

JOSHUA OSTALKIEWICZ 13750 WEST COLONIAL DRIVE SUITE 350 WINTER GARDEN, FL 34787

SUBJECT: MOBILE AUTO MAINTENANCE, LLC

Ref. Number: W14000034122

We have received your document for MOBILE AUTO MAINTENANCE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 214A00011837