L14000 100682

| (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: |
| |
| |
| |

Office Use Only



800261461858

06/25/14--01002--001 **130.00

Effective Date 7/1/14

2014 JUN 24 PH 1: 5

14 UN 25 PH 2: 22

JUN 2 4 2014

T. HAMPTON

COVER LETTER *

| Division of Corporations | |
|--|---|
| SUBJECT: Buody's Aubo Name of Limit | repair Services LLC ed Liability Company |
| The enclosed Articles of Organization and fee(s) are | submitted for filing. |
| Please return all correspondence concerning this matt | er to the following: |
| sioney L. | Name of Person |
| BUDDYS AUT | Firm/Company |
| 510 W. W. | Address 3232 Y |
| | 325-1 |
| _ chattaboo | |
| City | /State and Zip Code |
| E-mail address: (to be used f | or future annual report notification) |
| For further information concerning this matter, please | call: |
| Awney Crown at (3) | Rea Code Daytime Telephone Number |
| 7 | Bayime Perephone Manneel |
| Enclosed is a check for the following amount: | |
| Certificate of Status | □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | Street/Courier Address |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle |
| rananassee, FL 52517 | 2001 Executive Center Citele |

Tallahassee, FL 32301

Effective Date 7/1/19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |

(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 Add | ress: | Mailing Addr | ess: | |
|-----------------------|---|---------------------|--------------|-----------------|
| 510 wo | El 33337 | t _ sai | me | |
| The Limited Liability | stered Agent, Registered Office Company cannot serve as its ow y with an active Florida registrat | vn Registered Agent | | n individual or |
| The name and the Flor | ida street address of the register | ed agent are: | | |
| Slowey | (BLODY) CE | TUV ne | | |
| | 510 WWASh Florida street address (P.O. B | | } | |
| | Chatt, | | 32324 | |

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' Signature (REQU

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorize "MGR" = Manager | d Member | Name and Address: |
|---|---|---|
| | _ | SOU Washingtonst |
| | · _ | |
| | _ | |
| | | |
| (I lea attachment if was | | |
| i circuite date is listed, ii | other than the date of f | iling: 7-1-14 (OPTIONAL) c and cannot be more than five business days prior to or 90 days a |
| TICLE V: Effective date, if n effective date is listed, thate of filing.) | fother than the date of fine date must be specifi | iling: 7-1-14 (OPTIONAL) c and cannot be more than five business days prior to or 90 days a |
| CICLE V: Effective date, if n effective date is listed, thate of filing.) | other than the date of fine date must be specifies, if any. | iling: 7-1-14 (OPTIONAL) c and cannot be more than five business days prior to or 90 days a |
| TICLE V: Effective date, if n effective date is listed, thate of filing.) TICLE VI: Other provision: | other than the date of fine date must be specifies, if any. | |
| REQUIRED SIGNA (In accorda constitutes I am aware | TURE: Signature of a membrace with section 605.02 an affirmation under the that any false information. | |

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2