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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section

. TO:

Division of Corporations	
SUBJECT: Mike's AFFord Name of Limite	lable Towing LLC d Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Michael B. M.	Name of Person
Mike's AFFORDA	ble Towing LEC Firm/Company
1557 CANIton	Address Rd.
Pena & Fla	- 32348 /State and Zip Code
City	/State and Zip Code
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please	call:
Michael DMel at (8) Name of Person	Nrea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & 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 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 I - Name: The name of the Limited Liability Company is:	产 供	3
Mile's Afrondable Towing (C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		28
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		3
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	SAIDA	EH 10: 4:5
Principal Office Address: Mailing Address:		
155) CAN/tow Come tory Spure Rd. Dearty Flore 32348	<u> </u>	
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an in another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Michael D Metz Name		
Florida street address (P.O. Box NOT acceptable).		
Perpy FL FM 32348 City Zip		
Having been named as registered agent and to accept service of process for the above stated limited lethe place designated in this certificate, I hereby accept the appointment as registered agent and agentative. I further agree to comply with the provisions of all statutes relating to the proper and comply of my duties, and I am familiar with and accept the obligations of my position as registered agent and Chapter 605, F.S.	ree to act in plete perforn	this nance
Registered Agent's Signature (REQUIRED)		
	•	
· (CONTINUED)		

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager		Name and Address:	
AMBR	_	Michael Metz 1597 Coulton Cometony (Penny FIA - 32848	
	_		
(Use attachment if ne	f other than the date of fil	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 d	
te of filing.)	s, if any.		
effective date is listed, the of filing.) CLE VI: Other provision REQUIRED SIGNA			

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)