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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOOK N'BOOK Towing LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nestor Villardefrances 572 Name of Person
Firm/Company
5888 NW 210th St Address
Address
Mcintosh FL 32664 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sim \frac{1}{2}\$130.00 Filing Fee \& Certificate of Status \$\sim \text{Certified Copy (additional copy is enclosed)}} \square \frac{1}{2}\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited I	LLC Liability 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:
5888 NW 210th St Maintosh FL 32064	P.O Box 613 Mcintosh FL 32444
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	igent are:
Nestor Villacder	ancos JP
Name	
5888 NW 210th	<u>St</u>
Florida street address (P.O. Box	
Mcintosh	FL 37 (064)
·	·
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblichapte	vice of process for the above stated limited liability company the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performanc gations of my position as registered agent as provided for in poss, F.S
Registered Agent's Signatu	ure (REQUIRED)
(CONTINUE	المسلم المسلمين المسل
Page 1 of 2	22 E

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Nestor Villardefrances JR
	5888 NW 210th 5t
	Maintosh FL 32664
AMBR	Autumn Blu Genaro
	5888 NW 210th Gt
	Mcintosh FL 32CL4
(Use attachment if necessary)	
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