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SECRETARY OF STATE
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## COVER LETTER:

	gistration Section vision of Corporations
SUBJECT:	EDDY'S GARAGE, LLC
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Eddy Roger Name of Person
	Name of Person
	EDDY'S GARAGE, LLC Firm/Company
•	Firm/Company
	2002 Olange Ave Address
•	Address
	FORT PIERCE, FL 34950  City/State and Zip Code  ROGENE 221 @ yahoo.com
•	City/State and Zip Code
	Rogere 2021 @ yahoo.com
<u></u>	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
	-11
	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ling Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$  \[ \begin{array}{cccccccccccccccccccccccccccccccccccc

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	d Liability Company is:		
	EDDY'S GARA	AGE, LLC	
		Liability Company, "L.L.C.," or "I	LC.")
ARTICLE II - Addres The mailing address and		ffice of the Limited Liability Compa	any is:
Principal Office Addr	<u>ess:</u>	Mailing Address:	
2002 ORA	nge Ave	2002 ORANGE A	Tue
Foot PIENC	e, FL 34950	FORT PIERCE, L	34950
(The Limited Liability ( another business entity	Company cannot serve as its own with an active Florida registration		nate an individual or
The name and the Florid	la street address of the registered	<del>-</del>	
	Eddy K	ogek	
	Name	Place SW	
	656 2012	Place SW	
	Florida street address (P.O. Box	·	
	Vero Black	FL 32962	
	City	Zip	
the place designated capacity. I further ag	l in this certificate, I hereby accept ree to comply with the provisions o m familiar with and accept the obl	vice of process for the above stated t the appointment as registered agen of all statutes relating to the proper of ligations of my position as registered er 105, F.S	nt and agree to act in this and complete performance
	Registered Agent's Signat		14 DEC - 1 SECRETAR) TALLAHASSE
·	Page 1 of 2		PHI2: 56

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