

L14000196218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

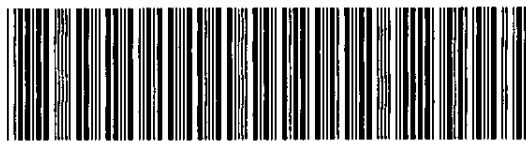
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300266644553

12/30/14--01001--010 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
14 DEC 29 PM 3:06  
FILED  
14 DEC 29 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Burch DEC 30 2014

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP:

12/29



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

ALLC

1.

JL Motorworks LLC  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I.

The name of the Limited Liability Company is:

**JL MOTORWORKS LLC**

## ARTICLE II.

The address and street address of the principal office of the Limited Liability Company is:

5857 Shirley Street Ste A

Naples FL 34109

The mailing address of the Limited Liability Company is:

5857 Shirley Street Ste A

Naples FL 34109

FILED  
14 DEC 29 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

## ARTICLE IV.

The name and the Florida street address of the registered agent are:

JUAN CAMILO ABRIL

5857 Shirley Street Ste A

Naples FL 34109

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's Signature

12/23/14

Date:

#### ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

JUAN CAMILO ABRIL

MGRM

3831 6<sup>TH</sup> AVE SE

NAPLES FL 34117



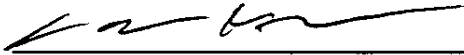
Juan Camilo Abril

LASZLO NOVAK

MGRM

940 Woodshire Ln Apt 4

Naples FL 34105



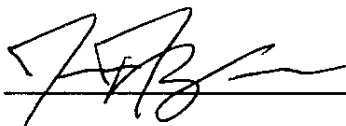
Laszlo Novak

FILED  
14 DEC 29 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VI.

The official opening of the business shall be January 1<sup>st</sup>, 2015.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S



12/23/14

Signature of a member or an authorized representative of a member.

Juan Abril

12/23/14

Typed or printed name of signee

Date