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COVER LETTER

TO:	Registration Division of C	Section Corporations				
SUBJE	CT: STRAYE	'S GARAGE LLC. Name of Lin	nited Liability Company			
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.			
Please	return all corre	spondence concerning this m	natter to the following:			
	Steven J C	Carbonero	Name of Person			
			Name of Lagon			
			Firm/Company			
	2664 Long	boat Dr		····		
			Address			
	Naples, FI		City/State and Zip Code			
ste	evecarbonero@	amail.com			<u></u>	
For fur	ther informatio	E-mail address: (to be use in concerning this matter, ple	d for future annual report notifica	L A 11 A 50	SECKE FOR	and are
Steven	Carbonero	at (239) 775-1333	<u></u> 52	. .	· •
	Nan	ne of Person		lephone Number	AH ID: 0	
Enclos	ed is a check fo	or the following amount:		•	· 📆	
5125 .0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Z\$160.00 Filing For Certificate of State Certified Copy (additional copy is e	tus &	
	Reg Div	iling Address istration Section ision of Corporations	Street/Courier Add Registration Section Division of Corpora			

P.O. Box 6327 Tallahassee, FL 32314 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	::	
STRAYE'S GARAGE LLC.		
(Must end with the words	s "Limited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
2664 Longboat Dr Naples, FI 34104	2664 Longboat Dr Naples, Fl 34014	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must de registration.)	
Marie C Carbonero		
	Name	
2664 Longboat Dr		
Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
Naples	FL 34104	
City	Zip	
Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and acc	reby accept the appointment as registered a provisions of all statutes relating to the prop	ngent and agree to act in this per and complete performance
Registered Age	ent's Signature (REQUIRED)	15 JAN
(C	CONTINUED)	
	Page 1 of 2	A:

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Steven J Carbonero
	2664 Longboat Dr
	Naples, FI 34104
AMBR	Raye LLoyd
	9055 Gervais Circle #1406
	Naples, FI 34120
ctive date is listed, the date must be	date of filing: March 1, 2015 (OPTIONAL) especific and cannot be more than five business days prior to or
EV: Effective date, if other than the cetive date is listed, the date must be filling.)	
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E V: Effective date, if other than the of ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	we specific and cannot be more than five business days prior to or
EV: Effective date, if other than the octive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section	member or an authorized representative of a member.
EV: Effective date, if other than the octive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation to	member or an authorized representative of a member. 1005.0208 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
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EV: Effective date, if other than the octive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for Steven J Carbon	member or an authorized representative of a member. 10 (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true- action as provided for in s.817.155, F.S.)

ARTICLE IV-