## 115000145900

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PICK-UP WAIT MAIL			
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SECRETARY OF STATES
TALLAHASSEE, FLORIDS
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## **COVER LETTER**

	gistration Section vision of Corporations		e e			
SUBJECT	Ozzys Mobile Lube, 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 fo	ollowing:			
	Osvaldo Hidalgo					
		Name of I	Person			
	Ozzys Mobile Lube, LLC					
		Firm/Cor	npany			
	5501 3rd Avenue, Apt 5					
	Address					
	Key West, Florida 33040					
		City/State and	I Zip Code			
_	E-mail address: (to be us	sed for future ar	nnual report notification)			
For further in	formation concerning this matter, ple	ase call:				
	Paul S. Mills, C.P.A.	305	294-3699			
-	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is	a check for the following amount:					
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	O Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	) ( 2	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Fallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•					
he name of the Limited Lia	bility Company is:					
One of Making	h- 110					
Ozzys Mobile Lu	nd with the words "Limite	ed Liability Compan	v "I I C "or "I I C ")			
(Widst C	and white the words. Elling	d Elability Compan	y, L.D.C., or EDC. )			
RTICLE II - Address:						
he mailing address and stre	et address of the principal	office of the Limited	I Liability Company is:			
<u>Prin</u>	cipal Office Address:		Mailing Address:	,		
5501 3rd Avenue	, Apt 5	550	1 3rd Avenue, Apt 5			
Key West, FL 33			West, FL 33040	<u> </u>		
		<del></del>				
ARTICLE III - Registered The Limited Liability Computed the business entity with	any cannot serve as its ow	n Registered Agent.	nt's Signature: You must designate an individual	or		
				三 圣器		
he name and the Florida str	eet address of the registere	ed agent are:		15 AUG 25		
	Paul S. Mills, C.P.A.					
Name						
	1541 Fifth Street			子 (mg		
	Florida street addre	ss (P.O. Box <u>NOT</u> a	acceptable)	ANI:		
	Key West	FL	33040			
	City	State	Zip	μ.		

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..

Puls Mll CA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR  Osvaldo Hidalgo 5501 3rd Avenue, Apt 5 Key West, FL 33040  (Use attachment if necessary)  (Use attachment if necessary)  (ICLE V: Effective date, if other than the date of filing:	"MGR" = Manager					
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR					
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		Osvaldo Hidalgo				
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		5501 3rd Avenue, Apt 5				
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		Key West, FL 33040				
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:						
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CLE V: Effective date, if other than the date of filing:	Use attachment if necessary)					
effective date is listed, the date must be specific and cannot be more than five business days prior to or 9 te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n	•					
effective date is listed, the date must be specific and cannot be more than five business days prior to or see of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n	EV: Effective date, if other than the date of	filing: (OPTIONAL)				
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n	ctive date is listed, the date must be specif	fic and cannot be more than five business days prior to or 90 days aft				
cument's effective date on the Department of State's records.						
	nent's effective date on the Department of S	State's records.				
CLE VI: Other provisions, if any,	E VI: Other provisions, if any.					
	• •					
REQUIRED SIGNATURE:						
	REQUIRED SIGNATURE:	( J 3				
Signature of a member or an authorized representative of a member	REQUIRED SIGNATURE:	G				
		per or an authorized representative of a member				
	Signature of a memb	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes.				
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of Stat constitutes a third degree felony as provided for in s.817.155, F.S.	Signature of a member This document is executed I am aware that any false in	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State				

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)