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16 JAN 19 PM 3: 34

SECRETARY OF STATE DIVISION OF CORPORATION

JAN 1 9 2016 S. PRATHER

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	State Towing & Recovery LLC		
Sobole !		imited Liabili	ty Company
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	rn all correspondence concerning this r	natter to the fo	ollowing:
	Jason Antaya		
		Name of	Person
	BCR Inc		
		Firm/Cor	npany
	935 E. Rose St		
		Addre	ess
	Lakeland, FL 33801		
	jason@berrepo.com	City/State and	I Zip Code
•	E-mail address: (to be use	ed for future a	nnual report notification)
For further i	nformation concerning this matter, plea	ise call:	
		863	688-6300
	· · · · · · · · · · · · · · · · · · ·		Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F		L—Certifie	0 Filing Fee & \$\ \text{S160.00 Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)}
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314] 	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

State Towing & Recovery LLC (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
mailing address and street address of the principal office	of the Limited Liability Company is:
mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
	, ,

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

Name

935 E. Rose St
Florida street address (P.O. Box NOT acceptable)

 Lakeland
 FL
 33801

 City
 State
 Zip

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jason Antaya
	935 E. Rose St
	Lakeland, FL 33801
(Use attachment if necessary) LE V: Effective date, if other than the date.	ate of filing: (OPTIONAL)
LEV: Effective date, if other than the date ffective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 days a t meet the applicable statutory filing requirements, this date will not be list
LE V: Effective date, if other than the daffective date is listed, the date must be e of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be e of filing.) If the date inserted in this block does no nument's effective date on the Departme LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records.
LE V: Effective date, if other than the date ffective date is listed, the date must be e of filing.) If the date inserted in this block does no nument's effective date on the Departme LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days a state the applicable statutory filing requirements, this date will not be list not of State's records.
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LE V: Effective date, if other than the date fective date is listed, the date must be e of filing.) If the date inserted in this block does no ument's effective date on the Departme LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exellam aware that any fa	t meet the applicable statutory filing requirements, this date will not be list not of State's records. Member or an authorized representative of a member. Cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)