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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Division of Corporations
CUSTOM DRIVER SOLUTIONS LLC SUBJECT:
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GERALD ROACH
Name of Person
CUSTOM DRIVER SOLUTIONS LLC
Firm/Company
150 BLOOMINGDALE AVE, SUITE 225
Address
BRANDON FL 33511
City/State and Zip Code
CUSTOMDRIVERSOLUTIONS@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GERALD ROACH 407 720 0586
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

...

TO:

Registration Section

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

ARTICLÉ I - Name: The name of the Limited Liabilit	y Company is:		E America)
		•	16 FEB -4 PM 12	2: 22
CUSTOM DRIVER	SOLUTIONS LLC		* # · w.	
(Must end	with the words "Limited	Liability Co	mpany, "L.L.C.," or "LLC.") # 1580E. PL	
ARTICLE II - Address: The mailing address and street ad				
<u>Princips</u>	al Office Address:		Mailing Address:	
150 E BLOOMINGD BRANDON FL 3351	ALE AVE, SUITE 225		150 E BLOOMINGDALE AVE, SUITE 2 BRANDON FL33511	<u>2:</u>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered A	a Agent's Signature: I.gent. You must designate an individual or	
	150 E BLOOMINGD	ALE AVE, S	SUITE 225	
	Florida street address			
	BRANDON	FL	33511	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pro	I hereby accept the appo ovisions of all statutes re- ligations of my position a	intment as re lating to the p as registered to	for the above stated limited liability company egistered agent and agree to act in this capacity or oper and complete performance of my duties agent as provided for in Chapter 605, F.S Signature (REQUIRED)	ty. I

(CONTINUED)

Page 1 of 2

<u>Title:</u>		Name and Address:	
	Authorized Member		
"MGR" = N AMBR	lanager	GERALD ROACH	
ANIDK		6546 FAIRWAY HILL CT	
		ORLANDO FL 32835	
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(Use attachi	ment if necessary)		
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