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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•			
The name of the Limited Liability	y Company is:			
DMB AUTO SERVI	CE, LLC			
(Must end v	with the words "Limited"	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ac	dress of the principal of	fice of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Addre	<u>:ss</u> :
6134 18th St. S				
West Palm Beach, FL	. 33413			
		· ·		
ARTICLE III - Registered Age	nt. Registered Office, &	Registered Age	ıt's Signature:	
(The Limited Liability Company	cannot serve as its own I	Registered Agent.		ividual or
another business entity with an a	ctive Florida registration	ı.)		
The name and the Florida street a	iddrage of the registered	anent are:		
The name and the Plonda street a	duress of the registered	agem are.		
	Darlin Medardo		· · · · · · · · ·	
		Name		
	6134 18th St. S			
	Florida street address	(P.O. Box NOT a	cceptable)	
	West Palm Beach	FL	33413	

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..

State

Zip

City

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Darlin Medardo
	6134 18th St. S
	West Palm Beach, FL 33413
	· · · · · · · · · · · · · · · · · · ·
	
·	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	date of filing: <u>04/01/2016</u> (OPTIONAL)
an effective date is listed, the date must b	e specific and cannot be more than five business days prior to or 90 days after
date of filing.)	
	not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Departn	nent of State's records.
TICLE VI: Other provisions, if any.	

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

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 State constitutes a third degree felony as provided for in s.817.155, F.S.

Darlin Medardo

Typed or printed name of signee

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)

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