

L16000172560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

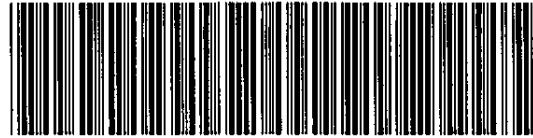
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900289732479

09/07/16--01003--008 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP-7 AM 10:39

FILED

7/6
9/15/16

WALTER M. TOVKACH

ATTORNEY AT LAW

CERTIFIED TAX ATTORNEY
FLORIDA BAR BOARD OF
CERTIFICATION

TELEPHONE
(352) 371-4656

Post Office Box 358731
Gainesville, Florida 32635-8731

ALSO ADMITTED IN
OHIO & NORTH CAROLINA

August 31, 2016

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32301

Re: ALIGNMENT GUY OF GAINESVILLE, LLC

Ladies and Gentlemen:

Enclosed please find the original and one (1) copy of the Articles of Organization for the above referenced limited liability company along with our check in the amount of \$155.00 to cover the cost of filing same. Please return the certified copy to this office.

After the original Articles of Organization have been filed, please certify the enclosed copy and return it to me.

Very truly yours,



Walter M. Tovkach

WMT:kat

enclosure

**ARTICLES OF ORGANIZATION
OF
ALIGNMENT GUY OF GAINESVILLE, L.L.C.**

1. Name. The name of the limited liability Company (hereinafter referred to as "Company") is: ALIGNMENT GUY OF GAINESVILLE, L.L.C.

2. Existence. The Company shall have perpetual existence commencing with the date of filing.

3. Location. The street address of the principal office and mailing address of the Company is 3019 NE 20th Way, Bay #4, Gainesville, Florida, 32609.

4. Purpose. The purpose for which the limited liability company is organized is to practice automotive work.

5. Registered Agent. The initial street address in the State of Florida of the initial registered office of the Company is 3019 NE 20th Way, Bay #4, Gainesville, Florida, 32609, and the name of its initial registered agent at such address is GRADY GOSNELL.

6. Additional Members. The members may admit such additional members on such terms and conditions as they may unanimously agree.

7. Continuation. A majority of the remaining members of the Company shall have the right to continue the Company in existence on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

8. Management. The Company shall be managed by one or more managers as set forth in the Regulations. The initial managers shall serve until the first meeting of the members or until their successor is elected and qualifies. The initial manager is: GRADY GOSNELL, and the mailing address is 3019 NE 20th Way, Bay #4, Gainesville, Florida, 32609.

9. Limitation on Agency Authority of Members. Pursuant to Section 608.424 of the Florida limited liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member, except for the managing member as designated in these Articles.

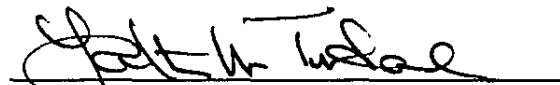
FILED
CLERK OF COURT
JAN 10 2010
11:10:39
FLORIDA

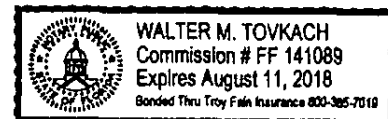
The undersigned, being an original member of the Company and the registered agent hereinbefore named, for the purpose of forming a Florida limited liability Company to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true and that the undersigned is familiar with and accepts the duties and obligations as registered agent for said Company and accordingly, has executed this document on this 31st day of August, 2016.


GRADY GOSNELL,
Organizer/Registered Agent

STATE OF FLORIDA
COUNTY OF ALACHUA

Subscribed and sworn to before me this 31st day of August, 2016, by GRADY GOSNELL, who is ✓ personally known to me, on who produced as identification.


Notary Public
My Commission Expires:



16 SEP -7 AM 10:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA