L16000209273

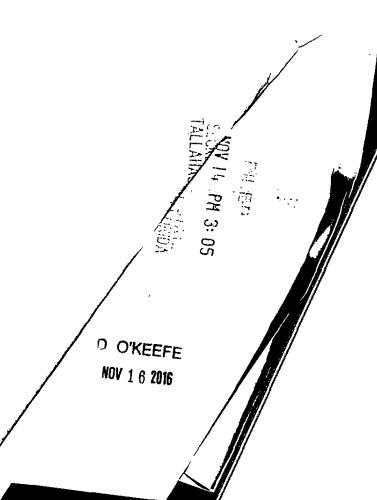
| (Re | equestor's Name) | |
|---------------------------|--------------------|-----------|
| (Ad | idress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500291986655

11/14/16--01014--025 **130.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: KFlorida State Towing LLC 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: |
| Nolan Deryk Name of Person |
| Firm/Company |
| 23462 Patera Ave |
| Address |
| Punta Gorda, FL 33980 City/State and Zip Code Molandr K & Gmail. Com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Notan Deryk at (941) 249 - 7418 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

ARTICLE I'- Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an i another business entity with an active Florida registration.) | individual or |
|--|----------------------------------|
| The name and the Florida street address of the registered agent are: | |
| Nolan Deryk | |
| Neme | |
| Florida street address (P.O. Box NOT acceptable) | |
| Punta Gorda FL 33980 | |
| City State Zip | |
| place designated in this certificate, I hereby accept the appointment as registered agent and agree to accept the agree to comply with the provisions of all statutes relating to the proper and complete performa am familiar with and accept the obligations of my position as registered agent as provided for in Chapter and Chapter a | ance of my duties, and I |
| (CONTINUED) | |
| Page 1 of 2 | FILE 6 NOV 14 P CLAHASSEE |
| | ව ූ ජ ගේ ලාදි ය |

| "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | Ablan Deruk |
| <u>Ow per</u> | 23462 PAKM AV |
| | Punta Gorda, FL 33980 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | |
| of filing.) f the date inserted in this block does nument's effective date on the Departm | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records. |
| of filing.) f the date inserted in this block does nument's effective date on the Departm | not meet the applicable statutory filing requirements, this date will not be |
| of filing.) f the date inserted in this block does nument's effective date on the Departm | not meet the applicable statutory filing requirements, this date will not be |
| of filing.) f the date inserted in this block does rument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: | not meet the applicable statutory filing requirements, this date will not be nent of State's records. |
| of filing.) If the date inserted in this block does rement's effective date on the Department. It is consistent to the date of the Department of the Depart | not meet the applicable statutory filing requirements, this date will not be |
| of filing.) f the date inserted in this block does rument's effective date on the Departm LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de | not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. |
| of filing.) f the date inserted in this block does rument's effective date on the Departm LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any | a member or an authorized representative of a member. Accorded in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. |
| of filing.) f the date inserted in this block does rument's effective date on the Departm LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de | a member or an authorized representative of a member. Accorded in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. |
| of filing.) If the date inserted in this block does rement's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third do NO (CM) | a member or an authorized representative of a member. Accorded in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. |
| of filing.) f the date inserted in this block does nument's effective date on the Department. This occurrence of a This document is ex I am aware that any constitutes a third document is a third document. This document is ex I am aware that any constitutes a third document is a third document. This document is ex I am aware that any constitutes a third document. This document is ex I am aware that any constitutes a third document. The third document is explained by the third document. The third document is explained by the third document is explained by the third document. The third document is explained by the third document is explained by the third document. The third document is explained by the third | a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Gorganization and Designation of Registered Agent all) |
| of filing.) f the date inserted in this block does rument's effective date on the Departm LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de NO (CA) \$125.00 Filing Fee for Articles of | a member or an authorized representative of a member. a member or |
| of filing.) f the date inserted in this block does rument's effective date on the Departm LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de NO ON \$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optiona) | a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Gorganization and Designation of Registered Agent all) |

ARTICLE IV-