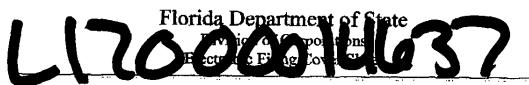
01/20/2017 15:48



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000019026 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

idress:				
	idress:	ldress:	ldress:	ldress:

FLORIDA LIMITED LIABILITY CO. 50/50 TOWING SERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

#1700000:3020

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of 5050 Towing Sewices, LC of Doc# L1400000 8110 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Chisholm Winston

自己的复数 硫化氯化

Ø0003/0004

H17000019026 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u> ARTICLE I - Name:</u>

The name of the Limited Liability Company is: (Must and with the words "Limited Liability Company,

50/50 TOWING SERVICES, --110

<u> ARTICLE II - Address:</u>

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

5100 W. Commercial Blud SUITE B

Tamarac, FL. 33319

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannol serve as its own Registered Agent. You must designate an individual or another business entity with an active Ploridu registration.)

CHISHOLM WINSTON

5100 W. Commercial BLVD

SUITE BY TAMARAC, FL. 33319

The name and title of each person authorized to manage and control the Limited Liability Company:

CHISHOLM WINSTON - MGRM

5100 W. Commercial Blue

E SUITE B

TAMARAC FL. 33319 Page 1 of 2

817000019026

BESTTAX

Ø0004/0004

Required Signatures:

H17000019026

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

CHISHOLM WINSTONS
Typed or printed name of signee

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..

> resholm Wineran Registered Agent's Signature (REQUIRED)

Page 2 of 2