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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
<u>—</u>	_	
(B)	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STATE

EFFECTIVE DATE 03/17/17

03/23/17

COVER LETTER

	on of Corporations	
SHBJECT:	E + E Auto Repair	LLC
	E + E Auto Repair Name of Limite	d Liability Company
T		1
The enclosed A	rticles of Organization and fee(s) are su	ibmitted for filing.
Please return al	I correspondence concerning this matte	r to the following:
_	Earnest Oldaker	Name of Person
	K+E Auto Repair	- LLC- Firm/Company
	3414 Oak Meaclo	ws Drive Address
		33840 State and Zip Code
	E-mail address: (to be used for	future annual report notification)
For further inform	mation concerning this matter, please ca	ıll:
	,	3) 327 - 5111 Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
\$125.00 Filing	Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	E I	_ 1	Na	me:
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The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4210 Palmetto Ave SE	3414 Oak Mandows Dr
Highbord City 33844	Mulberry Fl 33860

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

3414 Oak Meadows Dr

Florida street address (P.O. Box NOT acceptable)

Mulberry F1 33860

City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

HAR 22 AM 9: 4

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG-R	Earnest Olda Ker 3414 Oak Meadows Dr
	Malberry Fl 33860
	
(Use attachment if necessary)	
FICLE V: Effective date, if other than in effective date is listed, the date mudate of filing.)	the date of filing: <u>Murch 17 2017</u> . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days a
	pes not meet the applicable statutory filing requirements, this date will not be list
•	ariment of State's records.
FICLE 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.

Earnest Olda Ker
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)

7 MAR 22 AM 9: 43