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Special Instructions to Fi	ling Officer:	

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COVER LETTER

Division of Corporations
SUBJECT: DISCOUNT Tires and Autorepair LLI 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:
USama Hanna Name of Person
Firm/Company
1307 S Monroe ST.
Tuoi essa essa essa essa essa essa essa ess
Tallahassee FL 32301
Usamathanna & Cmail-Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
USama Hanna at (\$50) 544 3858 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:					
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(Must contain the words "Limited Liability Company, "L.L.C." or "LLC")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
1307 S Montre St.	1307 S Montroe St
Tallahassee Fl.	Tallahassee Fl
32301	—32301

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:

USama Hanna
Name

1307 S Montroe St.

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

Tallahana FL 32301

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)

2017 APR 13 PM 9: 23

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager Manuger —	1307 S Montroe S.T.				
	Tallahasse Fl 32301				
(Use attachment if necessary)					
the date of filing.)	filing: $4 - 12 - 2017$. (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.				
ARTICLE VI: Other provisions, if any.					
REOUIRED SIGNATURE:					
Signature of a mem This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.				
Usama	Hanned Typed or printed name of signee				

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)