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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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· COVER LETTER

TO: 'New Filing Section Division of Corporations
SUBJECT: Durham's Diesel Service 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:
Too Durham Name of Person
Durham's Diesel Service Firm/Company
33245 ENCANTO AVE Address
LCES DURG, FL 34788 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara LanGuam at (352) 460-5101 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}}

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Add	ress:
33245 Encanto Ave 33245 Encan Leesburg, FL 34785 Leesburg, FL	2ta Ave
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 ir another business entity with an active Florida registration.)	dividual or
The name and the Florida street address of the registered agent are:	ASS 17
Jon Durham Name	ALASSA PARAS
33 245 Encients Ave Florida street address (P.O. Box NOT acceptable)	
LCESburg Florida 34788 City State Zip	243,445 843,445 843,445
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liab place designated in this certificate, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relating to the proper and complete performan am familiar with and accept the obligations of my position as registered agent as provided for in Chapte	in this capacity. I ce of my duties, and I
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Title:		Name and Address:
"AMBR" = Author		
"MGR" = Manager		- 0-1
<u>AMBR</u>		Jon DUR 17 AM
		33245 ENCANTO Are
		Leciburg, FL 34788
		J
		
Use attachment if n		
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ARTICLE IV-