

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000057407
FILED 8:00 AM
February 21, 2018
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:
SICUSTOMZ COLLISION & RESTORATION, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
7715 LEM TURNER ROAD
JACKSONVILLE, FL. 32208

The mailing address of the Limited Liability Company is:
7715 LEM TURNER ROAD
JACKSONVILLE, FL. US 32208

Article III

Other provisions, if any:

THE COMPANY HAS BEEN ORGANIZED TO ENGAGE IN THE BUSINESS OF
OWNING, DEVELOPING AND OPERATING AN AUTO COLLISION REPAIR
FACILITY AND TO TRANSACT ANY AND ALL LAWFUL BUSINESS OR
ACTIVITY WHICH A LIMITED LIABILITY COMPANY MAY CARRY ON
UNDER THE

Article IV

The name and Florida street address of the registered agent is:
LAW OFFICES OF XAVIER SAUNDERS , P.A.
330 E. 1ST STREET
JACKSONVILLE, FL. 32206

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.

Registered Agent Signature: XAVIER T. SAUNDERS

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
JAMAL COPELAND
7715 LEM TURNER ROAD
JACKSONVILLE, FL. 32208 US

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Article VI

The effective date for this Limited Liability Company shall be:

02/21/2018

Signature of member or an authorized representative

Electronic Signature: JAMAL COPELAND

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2018-03-06 15:36:05 (GMT)

from: Xavier Saunders

L18000057407

AFFIDAVIT

I Jamall Copeland, *being sworn*, certify that the following information is true:

1. I am the General Partner and authorized representative of SICUSTOMZ COLLISION & RESTORATION, LLLP.
2. the dissolved/revoked entity provides the Department of State with this a notarized affidavit and attests that SICUSTOMZ COLLISION & RESTORATION, LLLP is dissolved and the entity and the General Partner have no intention of reinstating SICUSTOMZ COLLISION & RESTORATION, LLLP.
3. SICUSTOMZ COLLISION & RESTORATION, LLLP, therefore, releases its name and all of its rights to the name for use to SICUSTOMZ COLLISION & RESTORATION, LLC.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 03-02-18

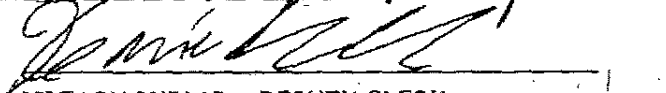


Signature of Petitioner
JAMAL COPELAND
7715 Lem Turner Road, Jacksonville, Florida 32208
Authorized Representative/General Partner of Sicustomz
Collision & Restoration, Llp
Jacksonville, FL 32206

STATE OF FLORIDA

COUNTY OF DUVAL

Sworn to or affirmed and signed before me on

3-2-2018 by Jamall Copeland


NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk]

☒ Personally known

☐ Produced identification

Type of identification produced _____

