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COVER LETTER

	w Filing Section vision of Corporations		
CUBICT	Battery Sales Leasing, LLC		
SUBJECT	Name o	f Limited Liabil	ity Company
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.
Please retu	m all correspondence concerning th	is matter to the f	following:
	Kathleen Diedrich		
		Name of	Person
	STA Implementation Services, LL	.c	
		Firm/Co	ompany
	1250 Barclay Blvd		
		Addı	ress
	Buffalo Grove, IL 60089		
		City/State ar	nd Zip Code
	juliesgood3439@gmail.com	used for future	annual report notification)
			anna report not not not not not not not not not no
For further i	nformation concerning this matter, p	nease can.	
	Kathleen Diedrich	877 at (894-0073
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F		ıs 🔽 Certif	00 Filing Fee & S160.00 Filing Fee, Ted Copy The 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

Battery S	ales Leasing, LLC		<u> </u>
	(Must contain the words "Limited Liabi	ity Company, "L.L.C.," or "LLC."	ı
ARTICLE II - Add The mailing address	ress: and street address of the principal office	of the Limited Liability Company is	::
	Principal Office Address:	Mailing &	<u>iddress</u> :
10075 NI	E 13th Ave	12275 NE 13th Ave	
	ami, FL 33161	North Miami, FL 33161	
North Mi ARTICLE III - Reg (The Limited Liabili another business ent	ami, FL 33161 gistered Agent, Registered Office, & Rety Company cannot serve as its own Regity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate a	
ARTICLE III - Reg (The Limited Liabili another business ent	ami, FL 33161 sistered Agent, Registered Office, & Ro ty Company cannot serve as its own Reg	gistered Agent's Signature: stered Agent. You must designate a	
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(CONTINUED)

"AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
Scott Stephens, MGR	12275 NE 13th Ave		
	North Miami, FL 33161		
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			, <u>)</u> च
Jamie Stephens. MGR	12275 NE 13th Ave		
	North Miami, FL 33161	<u> </u>	_
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	10075 NE 13th A		9
Julie Good, MGR	12275 NE 13th Ave North Miami, FL 33161		_TE
	Norm Miami, PL 33101	<u></u>	<u>. </u>
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The name and address of each person authorized to manage and control the Limited Liability Company:

\$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)