

L19000001890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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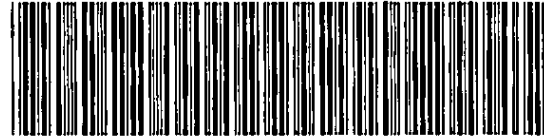
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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1/1/19

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FRIEND'S AUTO INTERNATIONAL LLC
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:

MARSHA SIHA
Name of Person

INCFILE.COM LLC
Firm/Company

17350 STATE HWY 249 # 220
Address

HOUSTON, TEXAS 77064
City/State and Zip Code

EFFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA 888 462-3453
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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

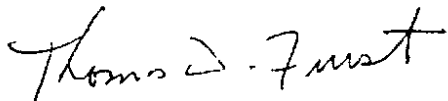
Friend's Auto International, Inc.

**Thomas D. Furst
8401 N, Nebraska Ave,
Tampa, FL 33604
813 924 3972**

To: Secretary of States, Corporation Department

I, Thomas D. Furst, reservation holder of Friend's Auto International Inc, hereby release the name to Marsha Siha to have these articles filed/registered at your office. Please note Mr. Antoine Amos is acquiring my company to transition it from an Incorporated (INC) into a Limited Liability Company (LLC).

Sincerely,
Thomas D. Furst

A handwritten signature in black ink that reads "Thomas D. Furst". The signature is written in a cursive style with a large, stylized 'T' and 'F'.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRIEND'S AUTO INTERNATIONAL LLC

(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:

8401 N NEBRASKA AVE

TAMPA, FLORIDA

33604

Mailing Address:

8401 N NEBRASKA AVE

TAMPA, FLORIDA

33604

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:

LEGALINC CORPORATE SERVICES INC.

Name

5237 SUMMERLIN COMMONS STE 400

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

FORT MYERS

FL


33907

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

AMOS ANTOINE

1238 KATAHDIN CT

WESTLEY CHAPEL, FLORIDA 33543

(Use attachment if necessary)

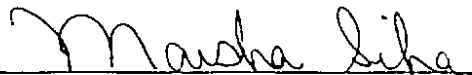
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

MARSHA SIHA

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)

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