(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	*****
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	

Office Use Only



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RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

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

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 8/2/2019

PRIORITY Routine

OUR REF # (Order ID#) 760437

ORDER ENTITY

TAMPA-H, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

TAMPA-H, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: Shawn.Linan@unisearch.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKIRLESUF	UNLANZATION	CPLLORGIDA LAMINI	RULIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	Company is:			
Tampa-H, LLC				
(Must conta	in the words "Limited	Liability Compar	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limi	ed Liability Company is:	
Principa	l Office Address:		Malling Address	;
150 N. Bartlett St.		1	50 N. Bartlett St.	
Medford, OR 97501	-	<u>N</u>	ledford, OR 97501	
The name and the Florida street a	NRAI Services, Inc.	Name		
	Florida street addres	ss (P.O. Box NO T	acceptable)	
	Plantation	FL	33324	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl by:	l hereby accept the app ovisions of all statutes t	cointment as regis relating to the proj as registered age	ered agent and agree to act in the per and complete performance of the sprovided for in Chapter 60 Shari Statute (REQUIRED)	his cupacity. I If my duties, and I
		,	•	

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Titalia biliana la
MOR	Lithia Motors, Inc.
	150 N. Bartlett St.
	Medford, OR 97501
	-
	·····
·	
(Use attachment if necessary) LF V: Effective date if other than the date of	f G line.
LE V: Effective date, if other than the date of ffective date is listed, the date must be spece of filing.) If the date inserted in this block does not me	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will no State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.) If the date inserted in this block does not me ument's effective date on the Department of	ific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of ffective date is listed, the date must be spect of filing.)	ific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.) If the date inserted in this block does not me ument's effective date on the Department of LE VI: Other provisions, if any.	ific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.) If the date inserted in this block does not me ument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	ific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will not State's records. State's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. aformation submitted in a document to the Department of State.
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.) If the date inserted in this block does not me ument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	ific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will no State's records. State's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b) Florida Statutes.

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)

ARTICLE IV-

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