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COVERLETTER
TO: New Filing Section Division of Corporations
SUBJECT: Goldwire's 24 How - Truck, Trailer, and Tire Repair 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:
Dexter Goldwire
Name of Person
527 South Shelfer St Address
Quincy, Fla 32351 City/State and Zip Code
E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327

Street Address
New Filing Section
Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Goldwirds 24 Hour-Truck, Trailer and Tira Repair 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:	Mailing Address:
527 South Shelfer St	527 south shelfer st
Quincy Fla 32351	Quincys Flor 3351
() "'	

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:

| Dexter Goldwire | Name | S27 South Shelfer 51 | Florida street address (P.O. Box NOT acceptable) | Florida street address (P.O. Box NOT acceptable) | CRISTON | CRIS

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Dexter Colivire
	527 South Shelter St Quincy, FI
AMBR	
A-AR-A1-	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: 8/9/10 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be date of filing.)	e specific and cannot be more than live business days prior to be 20 days after
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Coldwire
Typed or printed name of signee