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| (Requestor's Name) | |
|-----------------------------------------|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| | - |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| Office Use Only | |

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SECRETARY OF STATE JIVISION OF CORPORATIONS 20 JAN 13 PH ID: 13

PECTIVES 2020 JAN 13 PM 1:25 PALLANSSEE FLORES

COVER LETTER

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

ST LANE TIRES Shop LLC 19 A) SUBJECT: 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:

Kien

Firm/Company inhle lahusse City/State and Zip Code ahor.com rater la

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

aleen Stewart an 350, 214 8556 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Must conatin the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:



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



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)

ARTICLE IV-

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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: Rulleen Stewart |
|-----------------------------------------------------------------|--------------------------------------|
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ____ ., JPTIONAL) (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,

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|-------------------------|----------------------------------------------------------------------------------|----------|
| | nature of a member or an authorized representative of a member. | |
| | ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. | |
| | re that any false information submitted in a document to the Department of State | ? |
| constitute | s a third degree felony as provided for in s.817.155, F.S. | |
| | Kulcem Stewart | L 02 |
| | Typed or printed name of signee | AN |
| | Filing Fees: | 13 |
| \$125.00 Filing Fee for | Articles of Organization and Designation of Registered Agent | |
| \$ 30.00 Certified Cop | | Ť |
| • • | Status (Optional) | - 75 - 3 |