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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
50/50 TOWING SERVICES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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FEB 17 2020

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2020 FEB 14 PM 3:16  
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2020 FEB 14 PM 3:24  
SEAL JAN 30 STATE  
TALLAHASSEE FL

**Florida Department of State**  
**Attention: New Filings Section**

To whom it may concern:

This is to advise that the owners of

50/50 TOWING SERVICES, LLC

of Document # L18000238093

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

WINGSTON CHRIS HOLM

MGRM

SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "L.L.C.")*

50/50 TOWING SERVICES, LLC

**ARTICLE II - Address:**

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

5100 W. Commercial Blvd.  
STE # 8  
TAMARAC FL 33319

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

WINSTON CHISHOLM  
5100 W. COMMERCIAL BLVD.  
STE # 8  
TAMARAC FL 33319

**ARTICLE IV:**

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

WINSTON CHISHOLM - (MGR)

**Required Signatures:**

Winston Chisholm

**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

WINSTON CHISHOLM

**Typed or printed name of signee**

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..

Winston Chisholm

**Registered Agent's Signature (REQUIRED)**

**FILED**

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**SECRETARY OF STATE  
TALLAHASSEE, FL**