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Florida Department of State
Division of Corporations
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To: Division of Corporations
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**RESUBMISSION
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LETTER
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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: unipoint.ins@gmail.com

**FLORIDA LIMITED LIABILITY CO.
MOTOTIVE GROUP LLC**

Certificate of Status	1
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May 11, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOTOTIVE GROUP LLC

SUBJECT: MOTOTIVE GROUP LLC
REF: W20000046077

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The word Street was spelled several times "STEET", is that how you want it to be filed?, please review and re-submit.

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Lillie S Kervin
Regulatory Specialist II

FAX Aud. #: H20000135891
Letter Number: 020A00009529

H20000135891

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MOTOTIVE GROUP LLC

(Must end with 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:**10730 N. 56TH STREET
#N-207 STE C
TEMPLE TERRACE, FL 3316710730 N. 56TH STREET
#N-207 STE C
TEMPLE TERRACE, FL 33167**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:

BOSHEN LI

Name

10730 N. 56TH STREET, #N-207 STE CFlorida street address (P.O. Box NOT acceptable)TEMPLE TERRACE FL 33617

City

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)

BOSHEN LI

(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:

BOSHEN LI

10730 N. 56TH STREET, #N-207 STE C

TEMPLE TERRACE, FL 33617

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

BOSHEN LI

Typed or printed name of signee