Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000169777 3)))



H200001697773ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:		
	Division of Corporations	Jr. 2
	Fax Number : (850)617-6381	382
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC	
	Account Number : I20000000019	CD :-
	Phone : (305)552-5973	: :
	Fax Number : (305)675-5944	<i>.</i> *
*Enter anı	the email address for this business entity to be used fo nual report mailings. Enter only one email address pleas	or future se.**
4.	, , , , , , , , , , , , , , , , , , , ,	

FLORIDA LIMITED LIABILITY CO. TECH AUTO LLC

PM 2: 06	1.821.1 1.821.1
J.JU.1 5	

1		
0		
03		
\$130.00		

Electronic Filing Menu

Corporate Filing Menu

Help



3052201440

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

Α	R	ΓŤ	CI	Æ.	T -	Nn	me:
u	•	4	\sim	-	L -	114	iluc.

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

lech Auto LLC

ARTICLE II - Address:

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

16920 NW 40th ave. Miami gardens, FL 33055

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.)

NW 40th Av

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

Ingram

Required Signatures:

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.817.165, F.S.

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

istered Agent's Signature (REQUIRED)