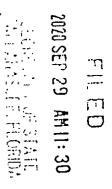
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(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

CET 1 9 2020

T. SCOTT

COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:	Mechanic Name of Lin	Near me nited Liability Company	
The enclosed Articles of	f Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	Daniel 1	Name of Person	
	Mechan	IC NEAC ME. Firm/Company	
	7932	SouthSide Blue Address	1 Apt 903
	Jacksonville	Flanda & 33	-25%
	Bailey D. Va E-mail address: (to be used	ity/State and Zip Code 1919 ON Flook C for future annual report notificati	em
	oncerning this matter, please		,
Danie	1 Bailer at	205 773 2 3 rea Code Daytime Telephon	4/
Nan	ne of Person A	rea Code Daytime Telephon	e Number
Enclosed is a check for t	he 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)
N 411			

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

ine name of the	Limited	Liabili	ty Coi	npany is:				
	۸.							

Mechanic Near Me L.L.C. (Must contain the words "Limited Liability Company. "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Mailing Address:
7932 southside Blud
Apt 908 Jacksonville Florida 32251

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:

Danie | Bailey
Name

7932 South Side Blyd Apt 908

Florida street address (P.O. Box NOT acceptable)

Jack Sonville Florida 32256

City State 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)

(CONTINUED)

2020 SEP 29 AM II: 31
STATE
STATE

ARTICLE IV-

• • • •

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

<u>Title:</u> "AMBR" =	Name and Address: = Authorized Member	
"MGR" = N		- - -
		- - -
		- - -
-		- - -
	ament if necessary)	
If an effective date i he date of filing.) <u>Note:</u> If the date ins	is listed, the date must be specific and cannot be more than five business days prior to or 90 serted in this block does not meet the applicable statutory filing requirements, this date will not ctive date on the Department of State's records.	
ARTICLE VI: Other		
REOUIRE	ID SIGNATURE:	
	Dand Raifer	
	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	
	Typed or printed name of signee	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)