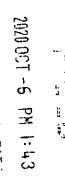
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(R∈	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

	w Filing Sec vision of Cor		•	٠	e e	1 B
SUBJECT:		& AUTOMOTI	VE SUPPL	IES , LLC	ţ.,.	*
SUBJECT.		Nε	ime of Limi	ited Liabil	ity Company	
The enclose	d Articles of	Organization and	d fee(s) are	submitted	for filing.	
Please return	all correspo	ndence concerni	ng this mat	ter to the f	following:	
	JERMAINE	BLAIR & CRY	STAL BLA	AIR.		
-				Name of	Person	
						<del></del>
				Firm/Co	mpany	
_	1108 HTH 9	WAY				
				Addr	ess	
	WEST PAL	M <sub>.</sub> BEACH, FL 3	33407			
b	laircrystal24	l@gmail.com	Ci	ty/State an	d Zip Code	
-	F	E-mail address: (	to be used f	or future a	innual report notificati	on)
For further in	formation co	ncerning this ma	tter, please	call:		
(	Crystal & Je	rmaine Blair	786 at (	3	438-6966	
	Nam	e of Person	Are	ea Code	Daytime Telephone	e Number
Enclosed is	a check for th	ne following amo	ount:			
□\$125.00 I	Filing Fee	■\$130.00 Fil Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporation ox 6327 assee, FL 32314	ns		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
	DMOTIVE SUPPLIES, LLC atin the words "Limited Liab	vility Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal office	e of the Limited L	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Add	lress:
HOS 11TH WAY WEST PALM BEA	CH FL 33407	<u> </u>	LITH WAY ΓPALM BEACH, FL	33407
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	y cannot serve as its own Reg	legistered Agent Jistered Agent, Yo	's Signature: ou must designate an ii	ndividual or
The name and the Florida street	address of the registered ago	ent are:		
	CRYSTAL BLAIR			
	Ni	inie		
	1108 11TH WAY			
	Florida street address (P.	O. Box <u>NOT</u> acc	reptable)	
	WEST PALM BEACH	FLORIDA	33407	
	City	State	Zip	
Having been named as registered olace designated in this certificate further agree to comply with the plant familiar with and accept the ol	, I hereby accept the appoints rovisions of all statutes relations bligations of my position as references.  Registered	nent as registered ng to the prope <del>r a</del>	l agent and agree to act nd complete performan provided for in Chapte	in this capacity. I

T-6 PM 1:43

ARTICLE IV.					
	4 13	TI	$\sim$ 1	17	137

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

"AMDD" - Authorized Mombor	
"AMBR" = Authorized Member "MGR" = Manager	
Authorized Member	JERMAINE BLAIR
Adiralized member	1108 11TH WAY
	WEST PALM BEACH, FL 33407
Authorized Member	CRYSTAL BLAIR
	WEST BALM DEACH EL 22 107
	WEST PALM BEACH, FL 33407
(Use attachment if necessary)	
EV: Effective date, if other than the cetive date is listed, the date must be filling.)	date of filing: NOVEMBER 1, 2020 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the extive date is listed, the date must be filling.) the date inserted in this block does need to be a self-ective date on the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 continues the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the elective date is listed, the date must be f filing.) the date inserted in this block does not be determined.	e specific and cannot be more than five business days prior to or 90 continues the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the extive date is listed, the date must be filling.) the date inserted in this block does need to be a self-ective date on the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 continues the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the ective date is listed, the date must be filling.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be the state of State's records.
E V: Effective date, if other than the ective date is listed, the date must be f filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is ex	e specific and cannot be more than five business days prior to or 90 continuents the applicable statutory filing requirements, this date will not be useful of State's records.  In member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b). Florida Statutes
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