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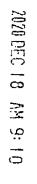
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COVER LETTER

SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Clinton Wasteney Name of Person Firm/Company 10840 SW 57th Place Address Davic, FL 33328 City/State and Zip Code Cwasteney@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clinton Wasteney 3954 793-3503 Name of Person Area Code Enclosed is a check for the following amount:		lew Filing Section Division of Corporations		
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Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	□\$125.0		Certified Copy	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division The Centre of Tallahassee		New Filing Section	New Filing Section D	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Moto's LLC		
	ontain the words "Limited L	iability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limited Liability Company is:
Princ	cipal Office Address:	Mailing Address:
10840 SW 57th Pl	ace	10840 SW 57th Place
Davie, FL 33328		Davie, FL 33328
The name and the Florida stre	_	
•	·	n.)
•	et address of the registered Clinton Wasteney	n.) agent are: Name
•	Clinton Wasteney 10840 SW 57th Place	n.) agent are: Name
•	Clinton Wasteney 10840 SW 57th Place	n.) agent are: Name
•	Clinton Wasteney 10840 SW 57th Place Florida street address	n.) agent are: Name

(CONTINUED)

11:5 Hy 81 (13) 102

ARTICLE IV-

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

Use attachment if necessary) V: Effective date, if other than the date of filing:	<u>l'itle:</u> (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Name and Address:
Use attachment if necessary) Vice-President Lorie Wasteney 10840 SW 57th Place Davie, FL 33328 Vice-President Lorie Wasteney 10840 SW 57th Place Davie, FL 35328 Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lean's effective date on the Department of State's records. VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member or an authorized proceedantive of a member. This document is executed in accordance with second 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 flegree felony as provided for in A817,155, F.S. Typed or printed name of signee S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30,000 Certified Copy (Optional)		er
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Use attachment if necessary) V: Effective date, if other than the date of filing:	Vice-President	Lorie Wasteney
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