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.

(((H21000004969 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future 🚾 annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA LIMITED LIABILITY CO. GALVES AUTOMOTIVE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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BAN 0 7 2021

T SCOTT

To:

(((H210000049693)))

ARTICLES OF ORGANIZATION FOR FLOR	_
ARTICLE I - Name: The name of the Limited Liability Company is	
GALVES AUTOMOTIVE SOLUTIONS, LLC	
(Must contain the words "Limited Liabi	lity Company, "L. L.C.," or "ULC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is Mailing Address:
1373 Lancaster Road	1373 Lancaster Road
Manheim, PA 17545	Manheim, PA 17545
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are

W Bradley Munroe,	Esquire	
	Name	
239 East Virginia St	reet	
Florida street addres	ss (PO Box <u>NOT</u> a	cceptable)
Tallahassee	FI	32301
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.

(CONTINUED)

ARTICLE IV-

To:

(((H210000049693)))

Fax: (850) 617-6381

litte:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Munager	
AMBR	James R Sibel
AMDK	1373 Lancaster Road
	Manheim. PA 17545
	istodine in 1771-9-9
EV: Effective date, if other than the date of	filing (OPTIONAL)
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)