## L210000014889

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip/	(Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:

Office Use Only



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CORPORATE ACCESS, \_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	CERTIFIED COPY	
хх	РНОТОСОРУ	
хх	CUS	GS
ХХ	FILING	LLC
	IMPACT AUTO SUNI	RISE HOLDINGS, LLC
	(CORPORATE NAME AND DO	
	(CORPORATE NAME AND DO	CUMENT #)
	(CORPORATE NAME AND DO	CUMENT #)
	(CORPORATE NAME AND DO	CUMENT #)
	(	
		CUMENT #)
	(CORPORATE NAME AND DO	CUMENT #)

## COVER LETTER

	New Filing Section Division of Corporations
SURIFO	T:IMPACT AUTO SUNRISE HOLDINGS, LLC
CHO DO TA	Name of Limited Liability Company
The enclo	used Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Nash Kanji
	Name of Person
	Impact Auto Holdings, LLC
	Firm/Company
	26000 Sierra Center Blvd.
	Address
	Lutz, FL 33559
	City State and Zip Code nkanji@impacthotels.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Nash Kanji at + 813 , 784-5089
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	iling Fee S S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status &
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

	IMPACT AUTO SUNRIS	SE HOLDINGS, LLC
-	(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
	II - Address: g address and street address of the principal office of Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address</u> :
	2084 Range Road	2084 Range Road
-	Clearwater, FL 33765	Clearwater, FL 33765

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

Joseph Bassett Name 2084 Range Road Florida street address (P.O. Box NOT acceptable) Clearwater Florida Zip City State

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. Thereby accept the apparament as registered agent and agree to act in this capacity. T 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)

Title:	Name and Address:
"AMBR" 1 Authorized Member	
MGR MGR	Joseph Bassett
	_2084_Range_Road_Clearwater_EL_33765
	Dilip Kanji
	26000 Sierra Center Blvd., Lutz, FL 3355
711	
(Use attachment if necessary)	
•	01/11/2021 (APTIONAL)
$\mathbf{E}[\mathbf{V}]$ Effective date, if other than the dat	te of filing: 01/11/2021 (OPTIONAL)
Æ V: Effective date, if other than the dat ective date is listed, the date must be s of filing.)	pecific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the dat ective date is listed, the date must be s of filing.) The date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other than the date ective date is listed, the date must be spot filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many this document is execut any aware that any fals.	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be t of State's records.

Filing Fees;

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)