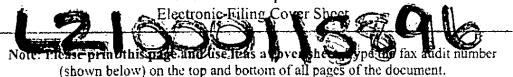
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3/19/2021

Division of Corporations

Florida Department of State

Division of Corporations



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FLORIDA LIMITED LIABILITY CO. **B & D AUTO SALES, AND REPAIR LLC**

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Help

name of the Limited Liability Company is:	
B & D AUTO SALES, AND REPAIR LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
Principal Office Address:	Mailing Address:
	Mailing Address:
1618 SE SOUTH NIEMEYER CIR	Mailing Address: SAME
	
1618 SE SOUTH NIEMEYER CIR PORT ST LUCIE, FL 34952	SAME
1618 SE SOUTH NIEMEYER CIR	SAME egistered Agent's Signature:

SANDRA DESTIN Name 1618 SE SOUTH NIEMEYER CIR Florida street address (P.O. Box NOT acceptable) PORT ST LUCIE

State

City

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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 appointment as registered ugent 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

Ζip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(,

From: Yanet Avila

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager FREPEDE DESTIN AMBR 1618 SE SOUTH NIEMEYER CIR PORT ST LUCIE, FL 34952 SANDRA DESTIN 1618 SE SOUTH NIEMEYER CIR PORT ST LUCIE, FL 34952 MGR (Use anachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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. SANDRA DESTIN ∇C Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)