L21000 115912

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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CAPITAL	CONNECTION.	INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

laurice's Auto Bod	y of Bartow, Ll	.C.		
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			<u>X</u>	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			<u> </u>	Annual Report / Reinstatement
			<u> </u>	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
		<u> </u>		Fictitious Search
Signature			—	Fictitious Owner Search
	- 			Vehicle Search
0 . 11				UCC 1 or 3 File
Requested by: SETH	03/18/21			UCC 1 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Un			Courier

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

maurice's Auto Bo	ody of Bartow, LLC			
		Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal	office of the L	imited Liability Company is:	
<u>Prins</u>	cipal Office Address:		Mailing Addre	<u>:ss</u> :
2940 Drane Field	Road		2940 Drane Field Road	
Lakeland, FL 338	311-1332		Lakeland, FL 33811-1332	
OTIVER III Danie	hamat II alian LOGG	C. Dantatana	1 Land Diametrica	
ARTICLE III - Registered a (The Limited Liability Compa another business entity with a	any cannot serve as its ow	n Registered A	l Agent's Signature: gent. You must designate au inda	ividual or
arkonier business entity with a	an active Ptortaa registrati	on.)		
The name and the Florida stre	ect address of the registere	d agent are:		: ;
	Kevn McLeish			
		Name		•
	2940 Drane Field Re	oad		
Florida street address (P.O. Box NOT acceptable)				
	Lakeland	FL	33811-1772	_ 1 -
	City	State	Zip	
	•			

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" - Manager		
MGR	Kevin McLeish	
	2940 Drane Field Road	
	Lakeland, FL 33811-1332	
,		
	,	
(Use attachment if necessary)		
If the date inserted in this block does no coment's effective date on the Departm	or meet the applicable statutory filing requirements, this date will not be ent of State's records.	e list
CLE VI: Other provisions, if any.		
/		
, /		
	$\Delta = AcV/$	
REQUIRED SIGNATURE:	A MIL	
REQUIRED SIGNATURE:	A MGC	
Kirk	D Mys C	
Signature of a	member or an authorized representative of a member.	
Signature of a This document is ex-	couted in accordance with section 605.0203 (1) (b), Florida Statutes.	
Signature of a This document is ex I am aware that any I	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State	:
Signature of a This document is ex I am aware that any I	couted in accordance with section 605.0203 (1) (b), Florida Statutes.	:
Signature of a This document is ex I am aware that any I constitutes a third de	scuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	; al-
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Signature of a This document is ex. I am aware that any f constitutes a third de Kevin McLeis	couted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: Organization and Designation of Registered Agent	: af

\$ 5.00 Certificate of Status (Optional)