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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number: I20170000097 Phone : (727)279-5037

: (727)888-1294 Fax Number

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

Support@flpatellaw.com Email Address:

FLORIDA LIMITED LIABILITY CO.

The Crash Pros, LLC

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COVER LETTER

Friday, April 16, 2021

To: New Filing Section
Division of Corporation

Subject:
THE CRASH PROS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Jamie Primcau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

THE CRASH PROS, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

Name

The name of the Limited Liability Company is: The Crash Pros, LLC (the "Company").

ARTICLE II.

Address

The principal office and mailing address of the Company is:

6421 N Florida Ave Ste D PMB Tampa, Florida 33604

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.

Ada Reyes
______(sign

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address		
AMBR = Authorized Member MGR = Manager		**	2021 3
<u>MGR</u>	Ryan Zambito 6421 N Florida Ave Ste D PMB	·.	82 1/2
	Tampa, Florida 33604		7.7 U:
			_

ARTICLE V.

The Effective date shall be the date of filing.

mg.	(sign)
Signature of a member or an authorized rep This document is executed in accordance with section I am aware that any false information submitted in a de constitutes a third degree felony as provide	605.0203 (1) (b), Florida Statutes ocument to the Department of Stat
Ryan Zambit	o
Authorized Representative	e/Member