

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.
 Account Number : 120010000062
 Phone : (323)962-8600
 Fax Number : (323)962-3889

****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.
Saffold's Used Auto & Towing Services LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
 21 MAY 12 AM 10:11
 SECRETARY OF
 TALLAHASSEE, FLORIDA
 2021 MAY 12 AM 11:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Saffold's Used Auto & Towing Services LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

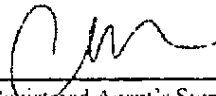
Principal Office Address:**Mailing Address:**5788 Belaire DriveGreenwood, Florida 32443**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

United States Corporation Agents, Inc.Name5575 S Semoran Blvd, Suite 36Florida street address (P.O. Box **NOT** acceptable)OrlandoFlorida32822CityStateZip

Having been named as registered agent and to accept service of process for the above stated limited liability company and place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in ~~its~~ ^{my} capacity and 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~~ ^{Chapter} 605, FS



 Registered Agent's Signature **(REQUIRED)**

(CONTINUED)

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Kevon Tyquan Saffold
5788 Belaire Drive
Greenwood, Florida 32443

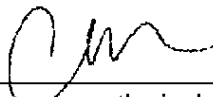
(Use attachment if necessary)

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.

Cheyenne Moseley, Legalzoom.com, Inc.

Typed or printed name of sign e

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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 TALLAHASSEE, FLORIDA

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