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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to		
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: North Florida D Name of Limited	iesel Performanc LLC I Liability Company
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Jake Wood Jr	ame of Person
North Florida Di	irn/Company
1175 Crown Dri	/e Address
Jakewoodhevu 6	State and Zip Code Opmail. (Om future annual report notification)
For further information concerning this matter, please cal	En la Contraction de la Contra
Jake Wood Jr at (90) Name of Person Area (14 423 - 069 Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	□\$155.00 Filing Fee & Certified Copy dditional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

North Florida Diesel Performance 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:
34111 Old Baldwin Road	1175 Crown Drive
Callaban FL	Jacksonville, FL
32011	33321

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:

Jake Wood Jr

Name

1176 (rown Drive

Florida street address (P.O. Box NOT acceptable)

Jacksonrille, FL 3221

City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Citle:</u> "AMBR" = Authorized Member	Name and Address:
MGR" = Manager _MGR	Jake Wood Jr.
AMBR	Alhena Allen
	Brycerille, FL 32009
Use attachment if necessary)	
V: Effective date, if other than the date	e of filing: 4 1 2 . (OPTIONAL)

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

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.

Typed or printed name of signee

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)