

5/21/21

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HOMSI LAW, P.A.
Account Number : 1201900000004
Phone : (407)377-5507
Fax Number : (407)377-5967

2021 MAY 21 AM 9:38
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Email Address: William@Homsilaw.com

**FLORIDA LIMITED LIABILITY CO.
CAR CLINIC KISSIMMEE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

H21000205034 3

**ARTICLES OF ORGANIZATION
FOR
CAR CLINIC KISSIMMEE, LLC**

ARTICLE I

The name of the Limited Liability Company is:

CAR CLINIC KISSIMMEE, LLC

ARTICLE II

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

4441 FLORA VISTA DRIVE
ORLANDO, FLORIDA 32837

The mailing address of the Limited Liability Company is:

4441 FLORA VISTA DRIVE
ORLANDO, FLORIDA 32837

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

FILED
2021 MAY 21 AM 9:38
CLERK OF COUNTY
TALLAHASSEE, FLORIDA

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HOMSI LAW, P.A.

Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
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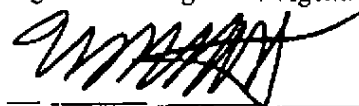
ARTICLE V

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

HOMSI LAW, P.A.
8815 CONROY-WINDERMERE ROAD
#402
ORLANDO, FLORIDA 32835

I 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.

Signature of Registered Agent:



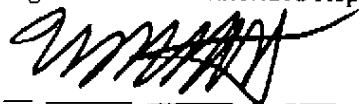
William M. Homs, President

The Members hereby delegate the management of the LLC to Manager(s).
The name and address of persons(s) authorized to manage the LLC:

Operating Manager: EL AMIR AHMAD SHEHAB
Vice Operating Manager: IBRAHIM ITANI and SARA HAFZA

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:



William M. Homs, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.

H
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