Division of Corporations Electronic Filing Cover Sheet

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(((H210002502563)))



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To:

Division of Corporations

Fax Number

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From:

Account Name : LEGALZOOM.COM INC.

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\*\*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.

## Gettin'It Done Auto Service LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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## COVER LETTER

	lew Filing Sec Pivision of Cor					
SUBJECT		one Auto Service LLC				
30BHC	•	Name of	Limited I	Liabilit	у Сотразу	<del></del> -
The enclos	sed Articles of	Organization and fee(s	s) are subr	nitted f	or filing.	
Please retu	ım all correspo	ondence concerning thi	s matter to	the fo	llowing:	
	Cheyenne M	oseley				
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	Legalzoom.c	com, Inc.				
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	101 N Brand	Blvd., 11th Floor				
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	Glendale CA	91203				
	onlinefilings@	Blegalzoom.com	City/St	ate and	Zip Cale	
	E	E-mail address: (to be t	ised for fu	iture an	nual report notification	on)
For further i	information co	ncerning this matter, pl	lease call:			
	Cheyenne Me		323	,	962-8600	
	Nin	3 of Person	Area Co	ode .	Daytime Telephone	Number
Enclosed i	s a check for th	he following amount:				
□\$125.06	) Filing Fee	□\$130.00 Filing Fe Certificate of Status		Certified	00 Filing Fee & 1 Copy copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is end (xec)
	New F Divisio P.O. B	ngAddress iling Section on of Corporations ox 6327 assee, FL 32314		N E C 2	treetAddress  Sew Filing Section  Division of Corporation  Clifton Building  661 Executive Center  Fallahassee, F1, 32301	r Circle

LegalZoom com, Inc.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:					
The name of the Limited Liability	Company is:				
			•		
Gettin'It Done Auto S	ervice LLC				
(Must const	in the words "Limi	ted Liability Company, "I	L.L.C.," or "LLC.")	_	
ARTICLE II - Address:	•				
The mailing address and street ad	dress of the princip	al office of the Limited L	Jability Company is:		
g .			, , ,		
<u>Principa</u>	l Office Address:		Mailing Address:		
4051 Coconut Cir N					
Naples, Florida 3410-	4			_	
		<del></del>		_	
ARTICLE III - Registered Age	nt Registered Offi	ice & Registered Agent	's Signature		
			ou must designate an individual or		
another business entity with an a	ctive Florida registr	ration.)			
70	11			S	7
The name and the Florida street a	deress of the regist	ered agent are:		물을	MOC 1282
	Mary L Hobson				ŭ
		Name		\$:5	
	4051 Coconut Ci	-M			$C_{2}$
			antable)	- 8 o	22
	riorida street add	dress (P.O. Box <u>NOT</u> acc	epaole)	m in in	70
	Naples	Florida	34104	- 9	Ç

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

\$ 5.00 Certificate of Status (Optional)

'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Jessie Paul Hamler 4051 Coconut Cir N
	Naples, Florda 34104
<del></del>	
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V: Effective date, if other than the tive date is listed, the date must	e date of filing
tive date is listed, the date must filing.) he date inserted in this block does ent's effective date on the Depart VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 96 not meet the applicable statutory filing requirements, this date will no ment of State's records.
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V: Effective date, if other than the tive date is listed, the date must filing.)  ne date inserted in this block does ent's effective date on the Depart VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of This document is of am aware that any constitutes a third of the constitutes a third of the constitutes at the constitu	a member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes.  False information submitted in a document to the Department of State.