

L21 000 384 174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

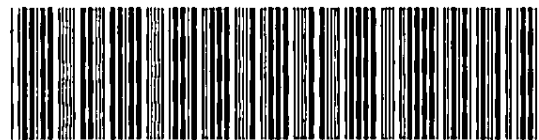
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/27/21--01029--001 **12.50

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08/24/21--01003--015 **25.00

7/28/21-60/71-009

\$85.09

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Handwritten signature

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Good-Buy Automart, 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:

Amr Elshahawany

Name of Person

Good-Buy Automart, LLC

Firm/Company

4018 E 12th AVE

Address

Tampa, FL 33605

City/State and Zip Code

goodbuyautomart01@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amr ELshahawany 206 751 7722
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Good-Buy Automart, 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:

4018 E 12th AVE
Tampa FL 33605

Mailing Address:

4018 E 12th AVE
Tampa, FL 33605

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:

Amr ELshahawany

Name

4018 E 12th AVE

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

Tampa

FL

33605

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..

Amr ELshahawany

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR

Amr Elshahawany
4018 E 12th AVE
Tampa, FL 33605

MGR

Islam Bahader
4018 E 12th AVE
Tampa, FL 33605

MGR

Mohameed Salia
23111 Diane AVE
Port Charlotte FL 33954

MGR

Yasser Emad
4018 E 12th AVE
Tampa, FL 33605

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 26, 2021 (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.

Att: Tammi Cline. Please find check of \$12.50 . Please amend our LLC . Thank you

REQUIRED SIGNATURE:

Amr

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.

Amr Elshahawany

Typed or printed name of signer

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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