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Division of Corporations  
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Email Address: ADR3ONULAJ@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.  
BAY AREA REPAIRS, LLC**

Certificate of Status	1
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T. BURCH

SEP 30 2021

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BAY AREA REPAIRS, LLC**

(Must end with 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:**512 CABERNET WAY  
OLDSMAR, FL 34677512 CABERNET WAY  
OLDSMAR, FL 34677**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:

ADRJON ULAJ

Name

512 CABERNET WAY

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

OLDSMAR

FL 34677

City


Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 SEP 29 AM 9:38

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*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)

ADRJON ULAJ

(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

**AMBR**

**Name and Address:**

**ADRJON ULAJ**

**512 CABERNET WAY**

**OLDSMAR, FL 34677**

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(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Adrjon ULAJ*

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

**ADRJON ULAJ**

\_\_\_\_\_  
Typed or printed name of signee

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