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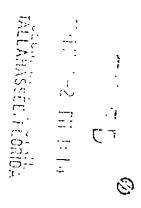
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COVER LETTER

	ew Filing Sec vision of Cor					
SUBJECT		Driving LLC				
7000.01	·	Na	me of Lin	nited Liabi	ity Company	
The enclose	ed Articles of	Organization and	l fee(s) are	e submitted	I for filing.	
Please retu	n all correspo	ondence concerni	ng this ma	ater to the	following:	
	Rowan O Hi	11				
				Name of	Person	
				Firm/Co	mpany	
	3200 NW 14	тн ы.				
				Addi	ress	
	Lauderhill, F	Torida 33311				
	10	.,	С	ity/State at	nd Zip Code	
<u>-</u>	nillrowan5@g I		o be used	for future :	innual report notificati	on)
For further in	aformation co	ncerning this mat	ter. please	call:		
	Rowan O Hil	I	95 at (54	867-6118	
,	Nam	e of Person			Daytime Telephon	
Enclosed is	a check for the	ne following amo	unt:			
■ \$125.00	Filing Fee	□\$130,00 Fili Certificate of :		Certif	5.00 Filing Fee & led Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio	<u>g Address</u> iling Section on of Corporation ox 6327	S		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street	issee

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:

(Must co	ontain the words "Limited I	liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	ffice of the Limited	Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
3200 NW 14TH P Lauderhill, FL 33			NW 14TH PL Jerhill, FL 33311	
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	ny cannot serve as its own	Registered Agent. \	it's Signature: You must designate an individ	luator :
The Limited Liability Compa	iny cannot serve as its own in active Florida registration	Registered Agent. \n.)	You must designate an individ	LLAH/SSE
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. \n.)	You must designate an individ	LLAH/SSE
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. \n.) agent are:	You must designate an individ	LLAH/SSE
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered Rowan O Hill	Registered Agent. \n.) agent are:	You must designate an individ	CLANCS ALLES
The Limited Liability Compa nother business entity with a	any cannot serve as its own active Florida registration et address of the registered Rowan O Hill 3200 NW 14th Pl	Registered Agent. \n.) agent are:	You must designate an individ	LLAH/SSE

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorize	d Member					
"MGR" = Manager						
AMBR	·—-·	Rowan O Hill				
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(Use attachment if nec	•	e of filing: October 27, 2021	(OP	PTIONAL)		
LE V: Effective date, if fective date is listed, th of filing.) f the date inserted in the iment's effective date of	other than the date date must be so is block does not on the Departmen	ne of filing: October 27, 2021 pecific and cannot be more than filing the mode applicable statutory filing tof State's records.	īve business day	s prior to	or 90 da	•
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LE V: Effective date, if fective date is listed, the of filing.) If the date inserted in the innent's effective date of the LE VI: Other provisions REQUIRED SIGNATION This diam a	other than the date date must be so is block does not on the Department, if any. FURE: Comparison of a magnetic procument is executated any false.	meet the applicable statutory filing t of State's records. inember or an authorized represented in accordance with section 605 se information submitted in a docur	ntative of a men 5.0203 (1) (b). F ment to the Depa 155, F.S.	this date w	or 90 da	•

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)