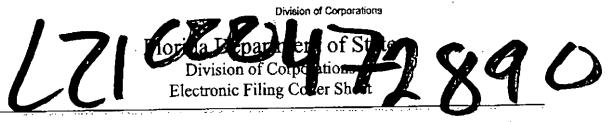
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE TAX GROUP INC

Account Number : I20180000051

Fax Number

Phone : (305)223-4648 : (786)361-1360

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

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## FLORIDA LIMITED LIABILITY CO. WALDY TOWING LLC

Certificate of Status Certified Copy 03 Page Count \$155.00 Estimated Charge

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## ARTICLES OF ORGANIZATION FOR ILORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liability	,			
WALDY TOWING	LLC			
(Must cont	ain the words "Limited	I Liahility Company, "	L.L.C.," or "LLC.")	
RTICLE II - Address:			•	
he mailing address and street a	ddress of the principal	office of the Limited	Liability Company is:	
	Principal Office Address:		Mailing Address:	
<u> </u>	in to the control of the			
3524 W 11 AVE			W.11 AVE BAH, FL 33012	
The Limited Liability Compan	ent. Registered Office y cannot serve as its on	e. & Registered Agent	t's Signature:	ial or
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Having been named as registered agent and to accept service of process for the above stated limited lightlity company at the place designated in this certificate. I haveny 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 fautiliar with and accept the obligations of my position adjugistered agent as provided for in Chapter 605, F.S.

Registered (Secret's Signature (REQUIRED)

(CONTINUED)

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(Use attachment if necessary)  (Use attachment if necessary)  T.E.V: Effective date, if other than the date of filing: 16/28/2021 (OPTIONAL)  Receive date is listed, the date must be specific and cannot be more than five business days prior to or 9 or filing.)  If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will recoment's effective date on the Department of State's records.	Title: "AMBR" ≈ Authorized Member.	Name and Address:
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