## 1220018054

(Rec	questor's Name)	
(i tot	questor s reame;	
(Add	dress)	
•	,	
(Add	dress)	
	(O) 1 (G) 1(D)	
(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only

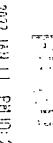


000373163200

01/11/22--0.0.8--0.8 \*\*180.00



2022 JAN 11 PH 10: 25



## COVER LETTER

	New Filing Sect Division of Corp				
cup IP/		Automotive Service and Sa	ales		
SUBJECT: Name of Limited Liability Company					
The enclo	osed Articles of G	Organization and fee(s) are	submitted for filing.		
Please ret	um all correspo	ndence concerning this mat	ter to the following:		
	Bradley Rich	ardson			
	<del></del>		Name of Person		
	Richardson A	automotive Service and Sal	es		
			Firm/Company		
	1005 North T	emple Avenue			
			Address		
	Howey in the	: Hills, FL 34737			
	<del></del>	Ci	ity/State and Zip Code		
		toss@gmail.com			
	ŀ	E-mail address: (to be used	for future annual report notificati	on)	
For further	r information co	ncerning this matter, please	call:		
	Bradley Rich	ardson 72	0 5829523		
	Nam	e of Person Ar	rea Code Daytime Telephon	e Number	
Enclosed	l is a check for t	he following amount:			
<b>□\$</b> 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose	

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:					
Richards	son Automotive Service and Sales, I.L.	С			
	(Must contain the words "Limited Li	ability Comp	eany, "L.L.C.," or "LLC.")		
ARTICLE II - Ado	dress:				
The mailing address	s and street address of the principal off	ice of the Lir	nited Liability Company is:		
	Principal Office Address:		Mailing Address:		
89 State	Rte 471		1005 North Temple Avenue		
Sumterv	ille, FL 33585		Howey in the Hills, FL 34737		
(The Limited Liabili another business en	gistered Agent, Registered Office, & ity Company cannot serve as its own R tity with an active Florida registration. lorida street address of the registered a	egistered Ag )	ent. You must designate an individual or		
	Bradley Richardson				
Name					
	1005 North Temple Av	enue			
	Florida street address (	P.O. Box <u>NC</u>	OT acceptable)		
	Howev in the Hills	FL,	34737		
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 JAN 11 PH 10: 25

Title:	Name and Address:
"AMBR" = Authorized Member	
"M(iR" = Manager	Bradley Richardson
MGR	1005 North Temple Avenue, Howev in the Hills, FL 34737
AMBR	Michelle Mann
	1005 North Temple Avenue, Howev in the Hills, FL 34737
. MOD	Chad Richardson
AMBR	1005 North Temple Avenue, Howey in the Hills, FL 34737
<del></del>	
(Use attachment if necessary)	
	(OPTIONAL)
ARTICLE V: Effective date, if other than the da	te of filing: <u>January 10th, 2022</u> . (OPTIONAL)  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 no	t meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department	n of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
1/2	ull I work
-Signature of a	member or an authorized representative of a member.
This document is exe	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  Ise information submitted in a document to the Department of State
constitutes a third deg	ree felony as provided for in s.817.155, F.S.

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Bradlev Richardson
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

as