Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Number : I20000000019 : (305)552-5973

Phone : (305)675-5944 Fax Number

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FLORIDA LIMITED LIABILITY CO. EXPRESS OIL CHANGE TRUCK LLC

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

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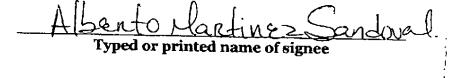
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
EXPYESS OI Change TRUCK LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
15398 Sw 172 ter Mani FL 33187 = 7
U
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite i Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity
Alberto Martinez Sandova
15398 Sw 172 ter Miami F1 33187
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Alberto Hartinez Sandoral (AMBR)

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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.



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)