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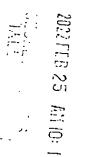
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Mirror In Name of Lim	Mage Auto Body LL
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Steven M	Name of Person
Mirror Image Aus	O Body LLC Firm/Company
29 Rocking	Ln Address
Palm Coast, Fl Cit Stevencollis880 or F-mail address: (to be used to	orida 32164 y/State and Zip Code Mail. Com or future annual report notification)
For further information concerning this matter, please	•
Megan A. Collis at (2) Name of Person Are	286 Sestine Telephone Number
Enclosed is a check for the following amount:	,
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
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

he name of the Limited Liabilit	y Company is:				
Mirror	Image	Auto	Bedu	LLC	

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
29 Rocking Lin.	29 Rocking Ln.		
Palm Coast, FL	Palm Coast FL		
3211.4	32164		

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:

Megan A. Collis

Name

29 Pocking Ln

Florida street address (P.O. Box 20T acceptable)

Palm Coast FL 32164

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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Mem "MGR" = Manager	ner
AMBR	Steven M Collis
	20 8 cc () 10
	Palm Coast, FL, 32164
AMBR	Migan A Collis
	<u> </u>
	Palm Crast, Fi, 3214
(Use attachment if necessary)	
ARTICLE V: Effective date, if other th	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after
[11 an effective date is listed, the date i the date of filing.)	must be specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the D	epartment of State's records.
ARTICLE VI: Other provisions, if any.	
DEVALUATION CLASS A TUBE	
REQUIRED SIGNATURE:	
Signatu This documen	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware th	at any false information submitted in a document to the Department of State
constitutes a t	hird degree felony as provided for in s.817.155, F.S.
	Oteven Collis
	Typed or printed name of signee
	Filing Fees:
m	a man a sa s

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

as