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DIVISION OF CORPORATIONS
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COVERLETTER

| | w Filing Sec ision of Cor | | | | |
|-----------------|------------------------------|---|-----------------|--|---|
| SUBJECT: | Step One A | automotive CH BAL, L | LC | | |
| SUBJECT: | | Name of | Limited Liabi | lity Company | |
| The enclosed | d Articles of | Organization and feets |) are submitted | I for filing. | |
| Please return | all correspo | ndence concerning this | matter to the | following: | |
| | Logan S. Par | ker | | | |
| _ | | | Name o | Person | |
| | Bass Sox Me | ercer | | | |
| - | | | Firm/Co | ompany | |
| | 2822 Reminį | gton Green Circle | | | |
| - | - | | Addi | ress | |
| | Tallahassee. | F1. 32308 | | | |
| - Ie | varkar@daale | erlawyer.com | City/State ar | nd Zip Code | |
| <u>''</u> | _ _ | E-mail address: (to be u | sed for future | annual report notificat | ion) |
| For further inf | | ncerning this matter, plo | | | |
| i | ∡ogan Parker | | 850 (| 878-6404 | |
| | Nam | e of Person | | Daytime Telephon | e Number |
| Enclosed is: | ı check for tl | ne following amount: | | | |
| □\$125.00 F | | ■\$130.00 Filing Fee Certificate of Status | Certif | 5.00 Filing Fee & ied Copy al copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New Fi Divisio P.O. B | g Address ling Section on of Corporations ox 6327 assee, FL 32314 | | Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230 | assee et, Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| F | | 10 | D |
|----------|----|----|---------------|
| 2022 APR | 25 | АĦ | 8: 3 L |
| | -0 | ΗЩ | 8: 34 |

| ART | TCI | LE I | ۱-, | Name: |
|-----|-----|------|-----|-------|
|-----|-----|------|-----|-------|

The name of the Limited Liability Company is:

| | S# | Mino |
|--|-----|-----------------|
| Step One Automotive CH BAL, LLC | | ALLAHA CSA SIAT |
| (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") | 33) | THE MHASSEE, FL |

ARTICLE II - Address:

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

| <u>Prin</u> | cipal Office Address: | | Mailing Address: |
|------------------------------|------------------------------------|-------------------|----------------------------|
| 696 Beal Parkwa | y Northwest | 69 | 96 Beal Parkway Northwest |
| Fort Walton Beac | ch, FL 32547 | Fe | ort Walton Beach, FL 32547 |
| another business entity with | · · | | |
| The name and the morida str | eet address of the registered | agent are: | |
| the name and the morida str | Bass Sox Mercer | l agent are: | |
| i ne name and the morida str | · · | Name | |
| i ne name and the morida str | Bass Sox Mercer | Name en Circle | [acceptable) |
| The hame and the morida str | Bass Sox Mercer 2822 Remington Gre | Name en Circle | Cacceptable) |

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:

| "AMBR" = Authorized Member | |
|--|---|
| "MGR" = Manager | |
| MGR | William A. Sauls II |
| | 696 Beal Parkway Northwest |
| | Fort Walton Beach, FL 32547 |
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| effective date is listed, the date must be | late of filing: |
| CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be determined in the Department of the Department. | e specific and cannot be more than five business days prior to or 90 days a ot meet the applicable statutory filing requirements, this date will not be list |
| CLE V: Effective date, if other than the defective date is listed, the date must be te of filing.) | e specific and cannot be more than five business days prior to or 90 days a ot meet the applicable statutory filing requirements, this date will not be list |
| CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE | e specific and cannot be more than five business days prior to or 90 days a cot meet the applicable statutory filing requirements, this date will not be list ent of State's records. |
| CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department's effective da | e specific and cannot be more than five business days prior to or 90 days a ot meet the applicable statutory filing requirements, this date will not be list |
| CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department's effective da | respecific and cannot be more than five business days prior to or 90 days a ot meet the applicable statutory filing requirements, this date will not be list ent of State's records. member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.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)