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Division of Corporations

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S 63

FLORIDA LIMITED LIABILITY CO. MECHANIC JUNKY AUTO SERVICES LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Page: 3 of 4

MECHANIC JUNKY AUTO SERVICES LLC

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

ARTICLE H - Address:

11522 84th UNTT 103

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

Principal Office Address:	Mailing Address:
ST CIRCLE EAST	11522 84th ST CIRCLE EAST
	UNIT 103

PARRISH, FL 34219 PARRISH, FL 34219

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

City

(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:

OVIDIO FERRA				(
	Name		·	
11522 84th ST CI	RCLE FAST UNIT I	03		
Florida street addi	ress (P.O. Box <u>NOT</u> a	cceptable)		
PARRISH.	FL	34219		

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..

State



(CONTINUED)

To:

NIT 103
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(OPTIONIAL)
(OPTIONAL) usiness days prior to or 90 nirements, this date will not
aremens, dus date will not
ye of a member. 3 (1) (b), Florida Statutes. to the Department of State .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)