## U22000412460

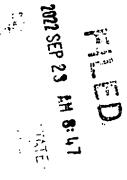
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maker Smaya Name of Person
Nationwide Auto Trading LLC Firm/Company
1826 Saturn blud Suit F
City/State and Zip Code  Make Smothy @ Amoil . Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
146 Che at (467) 233 7525  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & 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

The name of the Limited Liability Company is:	

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

## ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:	
1216 Satura blue	10107 Ancona Cin	
S. L. F Colo de El 32237	APTILIS anlada	
	FL 32 2 7 1	

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:

Ma hec Smoye Name—
Name—

10107 Ancone Cin APT 1415

Florida street address (P.O. Box NOT acceptable)

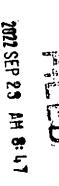
Con Lande FL 32821

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)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  AMBR	Maher Smaya 1010/Ancore Con APT14150 lade Fl 32821
MGR	Mchen Smaya 10107Ancone Cin APITHIS Onlado FL32821
(If an effective date is listed, the date must b the date of filing.)	date of filing: 9/93/2022
ANTICES FI. Onlet provisions, it any.	
REQUIRED SIGNATURE:	And the second of the second o
This document is ex	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 Statutes gree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
\$125.00 Filing Fee for Articles o \$ 30.00 Certified Copy (Option:	Filing Fees: Organization and Designation of Registered Agent D
S 5.00 Certificate of Status (O)	

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

ARTICLE IV-