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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TESLAHOTRODS@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Tesla Hot Rods LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

T	esla Hot Rods LLC
	e words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
801 Dunbar Avenue	801 Dunbar Avenue
Oldsmar, FL 34677	Oldsmar, FL 34677
another business entity with an active I The name and the Florida street address	•
Archie Tign	Or .
<u></u>	Name
520 Lafaye	tte Blvd
 	nddress (P.O. Box NOT acceptable)
	4
Oldsmar	_{FL} 34677
Oldsmar	City Zip
Having been named as registered agen the place designated in this certifica capacity. I further agree to comply w	
Having been named as registered agen the place designated in this certifica capacity. I further agree to comply w of my duties, and I am familiar with	City Zip It and to accept service of process for the above stated limited liability company te, I hereby accept the appointment as registered agent and agree to act in this ith the provisions of all statutes relating to the proper and complete performance and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Docustiqued by: Living Tiphor
Having been named as registered agen the place designated in this certifica capacity. I further agree to comply w of my duties, and I am familiar with t	City Zip It and to accept service of process for the above stated limited liability company te, I hereby accept the appointment as registered agent and agree to act in this fifth the provisions of all statutes relating to the proper and complete performance and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Docustional by: I value Tymor SEBEAFEEOBSSUAB. Ted Agent's Signature (KEQUIRED)
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DocuSign Erwelope ID: 5373B561-D038-4B9F-AA49-95686B338875

H22000378210

Title:	Name and Address:
*AMBR" = Authorized Member	
"MGR" = Manager AMBR	Archie Tignor
AIVIDR	520 Lafayette Blvd
	Oldsmar, FL 34677
	Oldomor, I C o Tor I
<u> </u>	
(Use attachment if necessary) E V: Effective date, if other than the dective date is listed, the date must be	late of filing:
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