

L23000046917

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000017721 3)))



H230000177213ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

1/13/23 AM 11:04

FILED

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PORT ST LUCIE WRECKING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

1/13/23 PM 4:26

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

T. BURCH
FEB 1 2023



January 17, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REGISTERED AGENTS INC.

SUBJECT: PORT ST LUCIE WRECKING, LLC
REF: W23000004630

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H23000017721
Letter Number: 623A00001116

NAME RESOLUTION

I, LISSETTE TACURY, last member and authorized person of PORT ST LUCIE WRECKING LI acting on behalf of the company, authorize Nat Smith of Northwest Registered Agent LLC to file the name PORT ST LUCIE WRECKING LLC, a Florida Limited Liability Company for use in the State of Florida. I acknowledge that the original PORT ST LUCIE WRECKING L document number L20000356398, has been dissolved, and I have no intentions to reopen i

Dated this 31st day of January, 2023


Lissette Tacury, Authorized Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PORT ST LUCIE WRECKING, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2213 SW LAWRENCE ST

PORT ST. LUCIE FL 34953

Mailing Address:

2213 SW LAWRENCE ST

PORT ST. LUCIE FL 34953

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:

Northwest Registered Agent LLC

Name

7901 4th St N STE 300

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

St. Petersburg FL 33702

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 31 AM 11:04

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

FILED
JAN 31 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Use attachment if necessary)

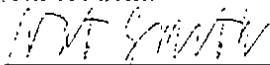
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Nat Smith

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)