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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: POP A Tire LLC 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:
Judea Tackson Name of Person
Pop a Tire Firm/Company
19877 SE Hawthorne rd
City/State and Zip Code SCUSTOMS 7 @ Yahoo, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Society Tack Son at (367) 328-1006 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Street Address New Filing Section Division

2415 N. Monroe Street, Suite 810

The Centre of Tallahassee

Tallahassec, FL 32303

Mailing Address

P.O. Box 6327

New Filing Section
Division of Corporations

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

POP A TIR	ellC		
(Must contain the words	"Limited Liabili	ity Company, "L.L.C	.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office o	of the Limited Liabili	ty Company is:
Principal Office Ad-	dress:		Mailing Address:
19827 SE Hawthy Hawthorne fl	rne rd Szlotu	19827 Haw 7	SE Hawthornerd Horne &1 32640
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Regis	gistered Agent's Sig tered Agent. You mu	nature: ist designate an individual or
The name and the Florida street address of the	registered agent	t are:	
_ <u>J</u> u	IDEA	JAC	KSON Othorna
	Nam	ic	
1982	D) SE	Han	othorne
		. Box <u>NOT</u> acceptab	
HAW	HOTHE	FL State	32640
	City	State	Zip
Having been named as registered agent and to a place designated in this certificate, I hereby acceptivither agree to comply with the provisions of all am familiar with and accept the obligations of m	ept the appointme I statutes relating y position as regi	nt as registered agen to the proper and co	t and agree to act in this capacity. I mplete performance of my duties, and ided for in Chapter 605, F.S
	(CO	NTINUED)	

AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Tudan Tackson
71.70	19827 SE Hawthoms rd
	Hawthorne + 32640
V: Effective date, if other than the da	te of filing:
ctive date is listed, the date must be s filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the date tive date is listed, the date must be stilling.) the date inserted in this block does not the determinent's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the date tive date is listed, the date must be stilling.) the date inserted in this block does not the determinent's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the date tive date is listed, the date must be stifling.) the date inserted in this block does not tent's effective date on the Department. CVI: Other provisions, if any. Signature of a normal This document is exect I am aware that any fall constitutes a third degree.	meet the applicable statutory filing requirements, this date will not at of State's records. The member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
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