L23000 195595

(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:	

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03/29/23--01004--006 **155.00

COVER LETTER

	New Filing Sec Division of Co				
SUBJEC		es and Auto Repo	iir LLC		
SOBJEX	···	Na	me of Limited Li	ability Company	<u> </u>
The encl	osed Articles of	Organization and	fee(s) are submi	tted for filing.	
Please re	turn all correspo	ondence concerni	ng this matter to t	the following:	
	Hernando A	. Bedoya			
			Nam	e of Person	
	Rolling Tire	s and Auto Repai	r		
			Firm	/Company	
	3916 Blackb	erry Circle			
			Ą	ddress	
	Saint Cloud,	Florida 34769			
	Hernando Bec	doya@icloud.con	-	e and Zip Code	
				ire annual report notifica	ation)
For further	r information co	ncerning this mat	ter, please call:		
	Hernando A.	Bedoya	321 at (355-9750	
	Nam	ne of Person		le Daytime Telepho	one Number
Enclosed	is a check for t	he following amo	unt:		
□\$125.0	00 Filing Fee	□\$130.00 Fili Certificate of \$	Status Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. B	ng Address illing Section on of Corporation lox 6327 assee, F1, 32314	s	Street Address New Filing Section I The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:					
Rolling Tires & Au						
(Must cor	ntain the words "Limited	Liability Company, "I	L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited L	iability Company is:			
<u>Princi</u>	pal Office Address:		Mailing Address:			
3916 Blackberry Ci Saint Cloud, Florida						
(The Limited Liability Compan another business entity with an The name and the Florida stree	active Florida registrati	on.)	ou must designate an indi	vidual or		
	2045 Heritage Key	Boulevard, Apt 202				
	Florida street address (P.O. Box <u>NOT</u> acceptable)					
	Kissimmee	Florida	34744			
	City	State	Zip			
Having been named as registerea place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the approvisions of all statutes i	pointment as registerea relating to the proper a 1 as registered agent as	agent and agree to act in nd complete performance	this capacity. I of my duties, and I		

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Mer	Name and Address:
"MGR" = Manager	inter
MGR	Hernando A. Bedova
	3916 Blackberry Circle Saint Cloud, Florida 34769
	Saint Cloud, Florida 34769
	
	•
	
(Use attachment if necessary	<i>(</i>)
. North Date of the Control	1 1 2 20
ARTICLE V: Effective date, if other	than the date of filing:
he date of filing.)	thust be specific and cannot be more than five business days prior to or 50 days after
	ck 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 an	N.
•	y.
DEOLUBED SICKATUDI	٠.
<u>REOUIRED</u> SIGNATURI	··· // .
	Feder
Signa	ture of a member or an authorized representative of a member.
	ent is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
	that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
	- ' '
<u>Hern</u>	ando A. Bedova Typed or printed name of signee
	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)