

L2300020158
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ATESIANO TAX SERVICES
Account Number : 120190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: Nacho Vellojin, Jr @ gmail.com

**FLORIDA LIMITED LIABILITY CO.
Dr Car Mobile Repair LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2023 APR 21 AM 8:17

CORPORATIONS
COMMERCIAL
SERVICES

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAX SERVICES

23 APR 21 PM 12:35

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17230001487833

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dr Car Mobile Repair 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:

Mailing Address:

1904 SW 131 ST PL

Same

Miami FL 33175

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:

Jose I Vellojin

Name

1904 SW 131 ST PL

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

Miami

FL

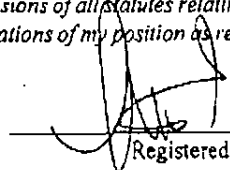
33175

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Jose I Vellojin

1904 SW 131 PL

Miami FL 33175

(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.

Any and all lawful business

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.

Jose I Vellojin

Typed or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA