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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number : (305)675-5944

**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. D BOSS TOWING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LL.C.," or "LL.C.")

D Boss Towing, LLC

ARTICLE II - Address:

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

480 E 36th Street

Hialeah, FL 33013

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

Lazaro De La Maza

480 E 36th Street

Hialeah, FL 33013

ARTICLE IV-

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

Lazaro De La Maza - AMBR

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Required Signatures:

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

In accordance with section 605.0203 (1) (1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Lazaro De La Maza

Typed or printed name of signee

Having been named as registered agent and to ackept 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 a tin 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 objigations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)