

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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

Support@flpatellaw.com Email Address:

FLORIDA LIMITED LIABILITY CO.

ATS Auto Repair LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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ARTICLES OF ORGANIZATION

FOR

ATS AUTO REPAIR LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: ATS Auto Repair LLC (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

4371 Clark Rd. Sarasota, Florida 34233

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 St. Petersburg, FL 33701

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.

Vishva S Nandu (sign)
FLP RA Services LLC

2023 JUN -6 AM 9: 4; SEC: | Number 12: 14TE

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u> | Name and Address |
|---|--|
| AMBR = Authorized Member MGR = Manager | |
| MGR | Luke Hatanaka 4371 Clark Rd. Sarasota, Florida 34233 |

ARTICLE V.

The Effective date shall be the date of filing.

(sign)

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.

Luke Hatanaka
Authorized Representative/Member

SECTION -6 AM 9:4: