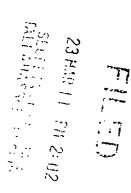
## 

(Red	questor's Name)	
(Ado	dress)	
(Ado	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	





04/11/23--01004--012 \*\*155.00







May 26, 2023

EDWARD DERICE JOHNSON, JR. '2ND LETTER' 903 LAKE LILY DRIVE, APT, B357 MAITLAND, FL 32751

SUBJECT: NEEDACAR, LLC Ref. Number: W23000063522

We have received your document for NEEDACAR, LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the principal office address to be a street address.

Please return the corrected original and one copy of your document, along witha copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

ARCEDRA JOHNSON (2)
Regulatory Specialist II
New Filing Section

Letter Number: 323A00009784

## COVER LETTER

TO: New Filing Division of	Section Corporations			
SUBJECT:	NEEDACAR, LL	c		
		imited Liability Company		
The enclosed Articles	s of Organization and fee(s)	are submitted for filing.		
Please return all corre	espondence concerning this r	natter to the following:		
	EDWARD DERICE	JOHNSON, JR.		
		Name of Person		
	NEEDACAR, LLC			
		Firn/Company		
	903 LAKE LILY D	RIVE, APT. B357,		
		Address		
	MAITLAND, FL. 3	2751		
		City/State and Zip Code	<u></u>	20 N
	EDDIEJ1130@GMAT	COM		
	E-mail address: (to be use	d for future annual report notificat	lion)	
or further information	concerning this matter, pleas	se call:		
IS 1		105		7 7 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
		407 ) 432-2222 Area Code Daytime Telephor	ne Number	2: 02
Enctosed is a check fo	r the following amount:			10
	_			
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status			
		(additional copy is enclosed)	Certified Co	
			(additional cop	y is enclosed)
Mail	ling Address	Street Address		
	Filing Section	New Filing Section D		
Divi	sion of Corporations	The Centre of Tallah;	issee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	I.I.C		
(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	<del></del>	
RTICLE II - Address: he mailing address and street address of the principa	l office of the Limited Liability Company is:		
Principal Office Address:	Mailing Ado	Iress:	
EDWARD DERICE JOHNSON, JR.	903 LAKE LTLY DR	903 LAKE LILY DRIVE	
	APT.R357 MAITLAND, FL 3	2751	
EDWARD DE	Name		
903 TAKE LILV			
903 LAKE LILY			
	ess (P.O. Box <u>NOT</u> acceptable)		
Florida street addi	ess (P.O. Box <u>NOT</u> acceptable)	27 Sr 27 Sr	

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	EDWARD DERICE JOHNSON, JR.
	903 LAKE LILY DRIVE, APT 8357
	MATTIAND, FL 32751
	COATTIMENT, FL 32731
(Use attachment if necessary)	
·	
E V: Effective date, if other than the	he date of filing:
ective date is listed, the date must of filing.)	t be specific and cannot be more than five business days prior to or 90 days
	s not meet the applicable statutory filing requirements, this date will not be li
ment's effective date on the Depar	is not meet the appreciate statutory ming requirements, this date will not be in
•	
E VI: Other provisions, if any,	
	A A A A A A A A A A A A A A A A A A A

## Filing Fees:

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

Typed or printed name of signee

This document is executed in accordance with section 605.0203 (1) (b), Fromus Sustained I am aware that any fulse information submitted in a document to the Department of State of the I decrease follows as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

EDWARD DERICE JOHNSON, JR.

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)