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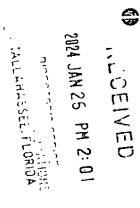
(Re	equestor's Name)	
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,	14. 033)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Friendly Ayto Management LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person
Friendly Auto Management LLC
Firm/Company
4900 Blountstown Hwy, Suit-B
Address
Tallahassee FL. 32304 City/State and Zip Code alex Yahia D Yahoo, com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
Valua Asad 21 850 , 525-1748
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐S125.00 Filing Fee ☐S130.00 Filing Fee & ☐S155.00 Filing Fee & ☐S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Friendly Auto	Management 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:
4900 Bloutstown HWY	4/900 Blountstown Hwy
Tallahassee FL 32304	Tellahassee FL 32304

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:

Yahia As	ad		
Name			
1857 Horn	Ridge	Tr	
Florida street address (P	O. Box	NOT acceptable)	
Tallahussec	FL	32312	
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)

	RT	IC	LE	IV.
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>		Name and Address:	
"AMBR" = Autho	· · · · · · · · · · · · · · · · · · ·		
"MGR" = Manage		./	
MGR		Yulija Hsad	
	_	1557 Horn Hidge Tr.	
		Tulluhusser Fl 32312	
	_		
	_	****	
			
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(Use attachment if			
he date of filing.) Note: If the date inserted in		and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not tell records.	•
ARTICLE VI: Other provisi	ons, if any.		
REQUIRED SIG	NATURE:	7	
		tr.	
I a	is document is executed in maware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	
	istitutes a third degree felon	A ASAD	
	Тур	ped or printed name of signee	
		Filing Fees:	
		ation and Designation of Registered Agent	£4
	d Copy (Optional)		27.
\$ 5.00 Certification	ate of Status (Optional)		

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