

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000163685
FILED 8:00 AM
April 05, 2024
Sec. Of State
sbrown**

Article I

The name of the Limited Liability Company is:
MAACO OF LONGWOOD LLC

Article II

The street address of the principal office of the Limited Liability Company is:
505 N US HWY 17 92
LONGWOOD, FL. 32750

The mailing address of the Limited Liability Company is:
505 N US HWY 17 92
LONGWOOD, FL. 32750

Article III

Other provisions, if any:
PURPOSE OF BUSINESS IS AUTO BODY REPAIR AND PAINT

Article IV

The name and Florida street address of the registered agent is:
JUSTIN J DEPASQUALE
4118 FOWLER ST
FORT MYERS, FL. 33901

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.

Registered Agent Signature: JUSTIN DEPASQUALE

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
JUSTIN J DEPASQUALE
4118 FOWLER ST
FORT MYERS, FL. 33901

Title: MGR
PETER H HUBER
505 N US HWY 17 92
LONGWOOD, FL. 32750

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Article VI

The effective date for this Limited Liability Company shall be:

04/05/2024

Signature of member or an authorized representative

Electronic Signature: JUSTIN DEPASQUALE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.