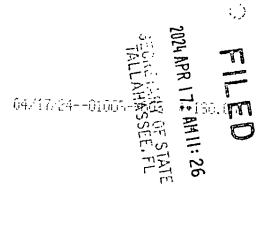
## L24000 173303

|                      | (Requestor's Name)       |
|----------------------|--------------------------|
|                      | (Address)                |
|                      | (Address)                |
|                      | (City/State/Zip/Phone #) |
| PICK-UF              | D WAIT MAIL              |
|                      | (Business Entity Name)   |
|                      | (Document Number)        |
| Certified Copies     | Certificates of Status   |
| Special Instructions | s to Filing Officer      |
|                      |                          |
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| -                    | Office Use Only          |



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## **COVER LETTER**

| TO: New Filing Section Division of Corporations   |
|---|
| SUBJECT: TGNIFFE AUTO L.L.C.  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:   |
| Jorathan Caraballo Name of Person   |
| Firm/Company  |
| • •   |
| Address  Address  Blang Hill FL 34608  City/State and Zip Code  |
| Pro International Property of the Contract of |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Tonathun Carabella 352 ) 263 - 3916  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| □\$125.00 Filing Fee Certificate of Status  □\$155.00 Filing Fee Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)   |
| Mailing Address New Filing Section  Street Address New Filing Section Division  |

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

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:   |
|---|
| (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:  |
| 10451 Fordham st 10451 Fordham st<br>SpringHill FL 14608 SpringHill FL 34608  |
| 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:  Tong Hun Carabillo  Name  10451 For Allam St  |
| 10451 Fordham St  |
| Florida street address (P.O. Box NOT acceptable)  |
| Spring Hill FL 34608  City State Zip  |
| 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. Fig. 1  am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605.  Registered Agent's Signature (REQUIRED) |
| (CONTINUED)   |

| "AMBR" = Authorized Member   | Name and Address:  |
|--|--|
| "MGR" = Manager  | . *  |
| MG2  | Jonathan Caraballo 1045 Ford Home St- Spring Hill Ft, 34kor  |
|  | SPring Hill Ft, 34608  |
|  | <del></del> /  |
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| (Use attachment if necessary)  | The section April 1/2 2024 (OPTIONAL)  |
| LE V: Effective date, if other than the date fective date is listed, the date must be of filting.) If the date inserted in this block does not ment's effective date on the Department.  | ate of filing: April 16, 2024 (OPTIONAL) specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not not of State's records.   |
| JEV: Effective date, if other than the date could be determined by the date must be defined.)  If the date inserted in this block does not ment's effective date on the Department.  | ot meet the applicable statutory filing requirements, this date will not   |
| EV: Effective date, if other than the date ctive date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.   | ot meet the applicable statutory filing requirements, this date will not not of State's records.   |
| LE V: Effective date, if other than the date cetive date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. E. VI: Other provisions, if any.   | ot meet the applicable statutory filing requirements, this date will not not of State's records.   |
| JEV: Effective date, if other than the date could be determined by the date must be defined.)  If the date inserted in this block does not ment's effective date on the Department.  | ot meet the applicable statutory filing requirements, this date will not not of State's records.   |
| LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REOUIRED SIGNATURE:   | t meet the applicable statutory filing requirements, this date will not not of State's records.  |
| LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a This document is exerted.                         | member or an authorized representative of a member 2000 member of an authorized representative of a member 2000 member me |
| LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a This document is exert am aware that any factors. | t meet the applicable statutory filing requirements, this date will not not of State's records.  |

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)