Note: Please print this page and use it as a cover sheet. Type the fax a idit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:			2024 MAY
	Division of Co	rporations	₹ ~
	Fax Number	: (850)617-6381	-
_			景、 量
From:			
		: VCORP SERVICES, LLC	<u> </u>
	Account Number	: 120080000067	
	Phone	: (845)425-0077	William State
	Fax Number	: (845)818-3588	>

FLORIDA LIMITED LIABILITY CO. **Detail By Diesel LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Email Address:

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORID	ALIMITED LIABILITY COMPANY FILED
ARTICLE I - Name:	2004 May o
The name of the Limited Liability Company is:	2024 HAY 21 AM 8: 33
Detail By Diesel LLC	Company, "L.L.C.," or "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 a <u>Principal Office Address</u> :	the Limited Liability Company is: Mailing Address
4510 Devonshire Rd Tampa, FL 33634	4510 Devonshire Rd Tampa, FL 33634
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	red Agent. You must designate an individual or
The name and the Florida street address of the registered agent a	re.
Veorp Agent Services, Inc.	
Name	

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

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 6-5, F.S.,

Florida Plantation City State 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. Thereby accept the appointment as registered agent and agree to act in 'us capacity. I

By: Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authoriz "MGR" = Manager	d Member	Name and Address:			
MGR		Clay Stevenson 4510 Devonshire Rd Tampa, FL 33634			- -
	 -				- -
	_ ·				- -
	 -	-			-
	-				
(Use attachment if ne	ecssary)				-
ILE V: Effective date, a effective date is listed, the e of filing.) If the date inserted in the	other than the date of file date must be specific is block does not meet t	ling: and cannot be more than fit the applicable statutory filing atc's records.	ve business days	orior to or 90	•
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TLE V: Effective date, it effective date is listed, the of filing.) If the date inserted in the cument's effective date in the cument's effective date in the cument's effective date. TLE VI: Other provision REQUIRED SIGNA This is a lam:	other than the date of file edate must be specific is block does not meet to the Department of States, if any. TURE: Signature of a membe locument is executed in ware that any false info	the applicable statutory filing ate's records.	tative of a memt .0203 (1) (b), Flonent to the Depart	s date will not	nna MAY

\$ 5.00 Certificate of Status (Optional)