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·	(Requestor's Name)			
	(Àddress)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
	(Business Entity Name)			
	(Document Number)			
Certified Copies	_ Certificates of S	Status		
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COVER LETTER

TO: New Filing Section Division of Corporations
Gy colity
SUBJECT: Sector Auto
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:
Vahia Salem
Name of Person
ရှိသည်။ သည်
Firm/Company
4043 Camela Way
Address
Tallahassee FL 323.9
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To raider intermental concerning this matter, preuse cur.
Yahia Salem at 850, 264 7501
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
⊠\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street Address New Filing Section New Filing Section Division
Division of Corporations The Centre of Tallahassee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability		LLC		
(Must contain	in the words "Limited Liability	Company, "L.L.C.,	" or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal office of	the Limited Liability	v Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	~>
Xahiq Yay3 Tallaha	Salem Simela way Sice FL 3735	4643 C FL 37	amalaT way	Talla France
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac	annot serve as its own Registe			or
The name and the Florida street ac	idress of the registered agent a	re:		157
	Yaha Sal	em	·	
	Florida street address (P.O. I		\	
	Tallahasse City S	e FL	323~9 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..

Yalia Sale (REQUIRED)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Yalsia Salem Yorz Emelot Way Fallahasee FC 32307
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
If an effective date is listed, the date must be s he date of filing.)	
REQUIRED SIGNATURE:	0
This document is exec I am aware that any fal	nember or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
yaha	Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)