L25000463452

10-13-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

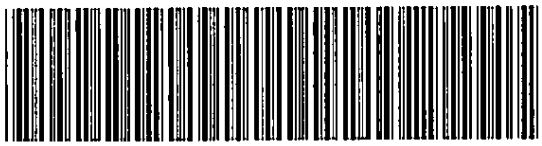
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 OCT -9 AM 9:46

STATE

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2025 OCT -9 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: $ 125.00
Authorization Signature _____
OilChange2Go, LLC
__Business Name #Document

Walk in ____ Will wait

___ **Certified Copy of Articles of Organization**
____ **Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
__X_ LLC
_____Domestication
_ _ INC
__ CORP
___ LP

AMENDMENTS

__ _Amendment
____Resignation of MGR.
____ Change of Registered Agent
____ Revocation of Dissolution
____ Conversion
__ _Statement of Authority
____ Merger
____REVOCATION OF DISSOLUTION

OTHER FILINGS

____TRANSMITTAL LETTER

____Fictitious Name

____Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

__ Foreign Filing
____Partnership
____Reinstatement
____ Statement of CORRECTION

____Domestication of a Foreign Corp.

_____Other

EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160; $ 125.00
Authorization Signature
OilChange2Go, LLC
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__ Foreign Filing
____Partnership
____Reinstatement
____ Statement of CORRECTION

____Domestication of a Foreign Corp.

_____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: OILCHANGE2GO, 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

SOFTBOOKS INC
Firm/Company

5373 N NOB HILL RD
Address

SUNRISE, FL 33351
City/State and Zip Code

INFO@SOFTBOOKSINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $125.00 Filing Fee
☐ $130.00 Filing Fee & Certificate of Status
☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ $160.00 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

Street Address
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 I - Name:
The name of the Limited Liability Company is:

OILCHANGE2GO, 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:**
2520 MIAMI RD	2520 MIAMI RD
FORT LAUDERDALE, FL 33316	FORT LAUDERDALE, FL 33316

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:

SOFTBOOKS INC
Name

5373 N NOB HILL RD
Florida street address (P.O. Box **NOT** acceptable)

SUNRISE	FL	33351
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)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	ROHIT GULRAJANI 2520 MIAMI ROAD FORT LAUDERDALE, FL 33316
AMBR	DAVID CHERRES 2520 MIAMI ROAD FORT LAUDERDALE, FL 33316

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Rohit Gulrajani
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)