Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1092
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LIMITED LIABILITY COMPANY

Independent Dealer's Advantage, LLC

Certificate of Status	81
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Independent Dealer's Advantage, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1845 N. Hwy. A1A, #702. Indiatlantic, FL 32903

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Larry W. Pearson	
Name	
1845 N. Hwy. A1A, #702	
Florida street as	ddress (P.O. Box NOT acceptable)
Indiatlantic	FL 32963
	Ciry State and Zin

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 608, F.S.

Rogistered Agent's Signature

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Standes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Larry W. Pearson, Member

Typed or printed name of signee

Filing Fors:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 38.88 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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