

L04000034591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

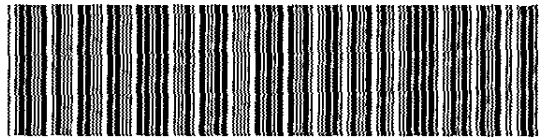
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
04 MAY -6 PM 2:02  
DIVISION OF LICENSATION

*Handwritten signature*

FILED  
04 MAY -6 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
04 MAY -6 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ATTORNEYS' TITLE**

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

**FILED**  
04 MAY - 6 AM 8:02  
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TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1- A C USED PARTS AND AUTO CRUSHING, L.L.C.
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

- Walk-in
- Pick-up time ASAP
- Certified Copy
- Mail-out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**A C USED PARTS AND AUTO CRUSHING, L.L.C.**

**ARTICLE II – Address:**

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

**1425 North McDuff Avenue  
Jacksonville, Florida 32254**

**ARTICLE III – Duration:**

The period of duration for the Limited Liability Company shall be:

**Perpetual**

**ARTICLE IV – Management:  
(check and complete the appropriate statement)**

- The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Alice C. Taylor

10935 Normandy Boulevard, Jacksonville, Florida 32221

- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**ARTICLE V – Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

**The Company may admit additional or substitute members only with the approval of members whose aggregate membership interest exceeds 80 percent (80%).**

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**ARTICLE VI – Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

**The Company's business may be continued if remaining members owning a majority of the capital and profits interests consent to continuance within 90 days after the event that terminates a member's membership.**

**These Articles of Organization of A C Used Parts and Auto Crushing, L.L.C. shall be effective for all purposes as of this 5 day of May, 2004.**

  
\_\_\_\_\_  
**Member's Authorized Representative**

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. Name of the limited liability company is: **A C Used Parts and Auto Crushing, L.L.C.**

2. The name and address of the registered agent and office is:

**Dale A. Beardsley, Esquire**

(NAME)

**4595 Lexington Avenue, Suite #100, Jacksonville, Florida 32210**

(P.O. BOX **NOT** ACCEPTABLE)

**Jacksonville, Florida 32210**

(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.*

(SIGNATURE)

(DATE)

**Filing Fee: \$35.00 for Designation of Registered Agent**