

L040000 76340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

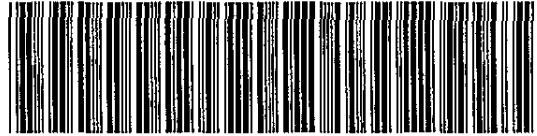
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CLERK OF COURT
TALLAHASSEE, FLORIDA

04 OCT 20 PM 2:00

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMLIT AUTO GROUP L.C.
(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:

AKVILINA KOVERA
(Name of Person)

(Firm/Company)

1951 45 ST. N.
(Address)

ST. PETERSBURG FL. 33713
(City/State and Zip Code)

For further information concerning this matter, please call:

AKVILINAS KOVERA at (727) 424 3964
(Name of Person) (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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
 04 OCT 20 PM 2:00
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMLIT AUTO GROUP L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1951 45 ST. N
ST. PETERSBURG
FL. 33713

1951 45 ST. N
ST. PETERSBURG
FL. 33713

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

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

AKVILINAS KOVERA
Name

1951 45 ST. N
Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG FL 33713
City, State, and Zip

FILED
04 OCT 20 PM 2:00
TALLAHASSEE, FLORIDA

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..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

AKVILINAS KOVERA
1351 45 ST. N
ST. PETERSBURG FL 33713

MGR

EGIDIJUS RAMOSKA
1351 45 ST. N
ST. PETERSBURG FL 33713

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

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

AKVILINAS KOVERA

Typed or printed name of signee

TALLAHASSEE, FLORIDA
04 OCT 20 PM 2:00
FILED

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)