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00789-00524-00676-00671

\$160 Forms+fee LC NOT Inc

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

1/13 FL LC

EFFECTIVE DATE
1-12-06

Office Use Only

Wb-2006

M. HODGES



800063505838

01/13/06--01035--013 **87.50

02/02/06--01019--021 **72.50

FILED IN FL 13
JAN 13 2006
TALLAHASSEE, FL

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Show Me Auto Broker LLC

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

FROM:

Forbes Thompson Incorporated
P.O. Box 165253
Miami, FL 33176

Thank You for your assistance.

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2006

FORBES THOMPSON INCORPORATED
P.O. BOX 165253
MIAMI, FL 33176

SUBJECT: SHOW ME AUTO BROKER LLC
Ref. Number: W06000002625

We have received your document for SHOW ME AUTO BROKER LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached forms to file a Limited Liability Company, the form submitted is for a Corporation. Also, the filing fee for and LLC is \$125.00, plus \$30 for a Certified Copy and \$5 for a Certificate of Status, totaling \$160.00.,

There is a balance due of \$72.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 906A00003918

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shaw Me Auto Brokers, 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:

Subrina Tate
(Name of Person)

Shaw Me Auto Brokers, LLC
(Firm/Company)

3600 South State Rd. 7 Suite 245
(Address)

Miramar, Florida 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

Subrina Tate at 954 894-7469
(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Show Me Auto Prokers, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "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:

3600 So. State Rd.
7 Suite 245
Miramar, FL 33023

13701 NW 4th Street
Apt 403C
Pembroke Pines, FL 33028

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:

Forbes Thompson Incorporated
Name

11430 Washington Blvd
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33176
City, State, and Zip

FILED
TALLAHASSEE, FLORIDA

05 JUN 19 PM 1:18

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Subrina Tate
13701 NW 4th St. 463C
Pembroke Pines, FL 33028

MGRM

Marlyn Smith
7561 NW 14th Drive
Pembroke Pines FL 33024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/12/06 (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.)

REQUIRED SIGNATURE:

Subrina Tate
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.)

Subrina Tate
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)