

W07000156884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

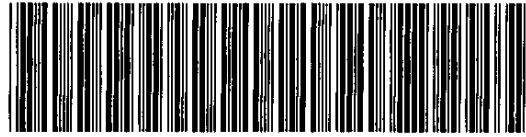
Special Instructions to Filing Officer:

DB

W07-50489

Office Use Only

EFFECTIVE DATE 10-20-07



600110464676

10/10/07--01049--016 **155.00

FILED
07 OCT 19 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXCLUSIVE RIDES 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:

Mike Jones
(Name of Person)

EXCLUSIVE RIDES LLC
(Firm/Company)

6110 Chene Ct
(Address)

Lutz, FL 33558
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Mike Jones at (**813**) **541-6402**
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2007

MIKE JONES
6110 CHENE CT.
LUTZ, FL 33558

SUBJECT: EXCLUSIVE RIDES LLC
Ref. Number: W07000050489

FILED
07 OCT 19 PM 1: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EXCLUSIVE RIDES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 10, 2007. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 307A00059929

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXCLUSIVE RIDES LLC

(Must end with 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:

6110 Chene Ct
Lutz, FL 33558

6110 Chene Ct
Lutz, FL 33558

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:

Mike Jones

Name

6110 Chene Ct

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

Lutz, FL 33558

FL

City, State, and Zip

07 OCT 19 PM 4:06
FILED
SECRETARY OF STATE
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.

Michael Jones
Registered Agent's Signature (REQUIRED)

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The name of the Limited Liability Company is:

EXCLUSIVE RIDES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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6110 Chene Ct
Lutz, FL 33558

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Lutz, FL 33558

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(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:

Mike Jones
Name

6110 Chene Ct
Florida street address (P.O. Box **NOT** acceptable)

Lutz, FL 33558
FL
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Michael Jones
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 10-20-07

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:

Managing Member

Mike Jones

6110 Chene Ct

Lutz, FL 33558

Managing Member

Tamara L. Jones

6110 Chene Ct

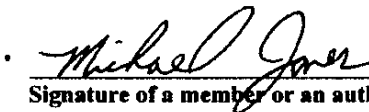
Lutz, FL 33558

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/20/07. (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:



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.)

Mike Jones

Typed or printed name of signee

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 07 OCT 19 PM 4:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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)