

L11000007194



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01/11/11--01004--028 **125.00

(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:

W11-2077

Office Use Only

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11 JAN 14 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 18 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2011

JOHN BALLANTYNE
903 N PINE HILLS RD
ORLANDO, FL 32808

SUBJECT: EL COMPY TIRE SHOP LLC
Ref. Number: W11000002077

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We have received your document for EL COMPY TIRE SHOP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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: 311A00001092

407-218-0122

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EL COMPY TIRE SHOP 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:

JOHN BALLANTYNE

Name of Person

Firm/Company

903 N PINE HILLS RD

Address

ORLANDO FL 32808

City/State and Zip Code

BALLANTYNE@IAG.NET

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOHN BALLANTYNE at (**407**) **298-0122**
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

January 5, 2011

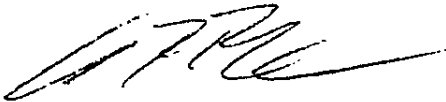
Division of Corporations
P O box 6327
Tallahassee, FL 32314

Attn LLC filing

We authorize the state to use El Compy Tire Shop , LLC as we the owners of El Compy Tire Shop Inc,
which has dissolved effective 01/02/11 and will no longer use the name.



Paula Correa,
Vice President
El Compy Tire Shop Inc



John R Ballantyne, Accountant
Enrolled Agent

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EL COMPY TIRE SHOP 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:

5300 N PINE HILLS RD
ORLANDO FL 32808

Mailing Address:

5300 N PINE HILLS RD
ORLANDO FL 32808

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:

PAULA CORREA
Name

2280 STEFANSHIRE AVE
Florida street address (P.O. Box **NOT** acceptable)

OCOE FL 34761
City, State, and Zip

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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.

Paula Correa
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 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:

MGRM

DIONELLI CORREA

2280 STEFANSHIRE AVE

OCOE FL 34761

MGRM

PAULA CORREA

2280 STEFANSHIRE AVE

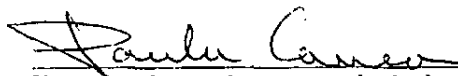
OCOE FL 34761

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. I am aware that any false information submitted in a document to the Department of Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

PAULA CORREA

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)

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