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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Basilioss Ellity Namo)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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MANAGEMENT OF STATE

K. SALY EXAMINER JUL 10 2012

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: All American Diesel Performan	
	Name of Limit	ed Liability Company
The en	nclosed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
	Joe Penn, Jr.	Name of Person
	All American Diesel Performance,	
		Firm/Company
	2991 Bay Villas Ct	
		Address
I	Miramar Beach, FL 32550	
		y/State and Zip Code
	joepenn1@gmail.com E-mail address: (to be used to	for future annual report notification)
For fu	rther information concerning this matter, please	
Joe F	Penn, Jr.	at (225) 937-4716
	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:	
\$125.0 0	O Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status	S155.00 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:
All American Diesel Performance, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2991 Bay Villas Ct Miramar Beach, FL 32550	2991 Bay Villas Ct Miramar Beach, FL 32550
(The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are: une address (P.O. Box NOT acceptable)
Joe Penn, Jr. Na	me Solo Solo Solo Solo Solo Solo Solo Sol
	Section 2
2991 Bay Villas Ct Florida street	address (P.O. Box NOT acceptable)
Miramar Beach	FL32550
City	, State, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Joe Penn, Jr. 2991 Bay Villas Ct Miramar Beach, FL 32550
 	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the an effective date is listed, the date must b or 90 days after the date of filing.)	e date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized epresentative of a member.
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Joe Penn, Jr.	
Ту	ped 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)