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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT N	1AIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status _			
Special Instructions to Filing Officer:			
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EXAMINER

COVER LETTER

10:	Division of Corporations
SUBJE	CT: Hi-Class Cimousine Service, LLC. Name of Limited Liability Company
	Name of Elimed Elability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Name of Person
-	Hi- Class Limousine Service, LLC. Firm/Company
_	2903 Rodeo Drive
	Address
-	Kissimmee, Florida 34746
_	Kissimmee, Florida 34746 City/State and Zip Code Naivdu 28 @ hotmail. Com E-mail address: (to be used for future annual report notification)
For furt	E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:
N.	Area Code & Daytime Telephone Number
	Name of Person at Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
S125.00	Filing Fee \$\int_{130.00}\$ Filing Fee & \$\int_{155.00}\$ Filing Fee & \$\int_{160.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

Hi-Class (imour) (Must end with the words "Limited Liability)	Sine Service, LLC. ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company			
Principal Office Address:	Mailing Address:			
2903 Rodeo DRIVE Kissimmee, Florida 34746	2903 Rodeo Drive Kissimmee, FL 34746			
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 re	₹ 7			
Kissimmee	ress (P.O. Box NOT acceptable)			

is:

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)