

L1400000988

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : SHUTTS & BOWEN LLP (ORLANDO)
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**FLORIDA LIMITED LIABILITY CO.
MARION AUTOMOTIVE MANAGEMENT, LLC**

Certificate of Status	0
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January 3, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUTTS & BOWEN LLP

SUBJECT: MARION AUTOMOTIVE MANAGEMENT, LLC
REF: W14000000298

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000000988
Letter Number: 014A00000125

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

MARION AUTOMOTIVE MANAGEMENT, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is:

1101 E. Fletcher Avenue
Tampa, Florida 33612

**ARTICLE III - Registered Agent and Office and
Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

CORPORATION COMPANY OF ORLANDO
300 South Orange Avenue
Suite 1000 (JGH)
Orlando, Florida 32801-5403

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 605, Florida Statutes.

CORPORATION COMPANY OF ORLANDO

By: 

(Registered Agent's Signature)

J. Gregory Humphries, Vice President

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ARTICLE IV - Manager(s) or Managing Member(s)

The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

Title

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address

LCM Investments II, LLLP
1101 E. Fletcher Avenue
Tampa, Florida 33612


Signature of a member or authorized representative of a member

(In accordance with section 605.0203 (1) (b), 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, Florida Statutes)

J. Gregory Humphries, Authorized Representative
(Typed or printed name of signee)

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