L01000001740°

To: Florida Department of State

From: Donna B. Austin

Date: January 11, 2001

00789-02595-00671

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To Whom It May Concern:

Enclosed please find: (1) Articles of Organization For Florida Limited Liability Company, form and (2) Check #2194 in the amount of \$160.00 to cover Filing Fee for Articles of Organization, Designation of Registered Agent, Certified Copy and Certificate of Status.

Thanking you in advance for your time and expediency, I am,

Donna B. Austin 5205 Gulf Breeze Pkwy. Gulf Breeze, Fl. 32561 (850) 916-7100

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****160.00 ****160.00



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 18, 2001

DONNA B. AUSTIN 5205 GULF BREEZE PKWY. GULF BREEZE, FL 32561

SUBJECT: AUSTIN'S AUTO ACCESSORIES

Ref. Number: W01000001432

We have received your document for AUSTIN'S AUTO ACCESSORIES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 801A00003009

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
AUSTIN'S AUTO ACCESSORIES, LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
5205 GULF BREEZE PKWY.
GULF BREEZE, FL. 32561
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

DONNA B. AUSTIN

Name

1842 FULLER DR.

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

GULF BREEZE FL 32561

City, State, and Zip

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..

Alana B. Clustin Registered Agent's Signature

Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and	l is
therefore, a manager - managed company.	
(An additional article must be added if an effective date is requested)	

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECNETARY OF STATE SECNETARY OF STATE SEVISION OF COSPORATIONS