## TRANSMITTAL LEWIER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  SUBJECT: NEW MOTORS ROAD STYLE CONCEPTS, LLC  (Proposed limited liability company name - must include suffix)
Enclosed is an original and one (1) copy.
Filing fee for articles of organization of Florida Limited Liability Company:
\$100.00 Filing fee for Articles of Organization \$ 25.00 Designation of Registered Agent
A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.77 Please send one check for the total amount made payable to the Florida Department of State.

JASON R. MARGOLIN

Name (Printed or typed) FL 33437 City, State & Zip 561-364-0159

Daytime Telephone number

LO1-2563 103

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

NIEUW MOTORS ROAD STYLE CONCEPTS, LLC

**ARTICLE II - Address:** 

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

6647 CONCH COURT BOYNTON BEACH, FL 33437

**ARTICLE III - Registered Agent** 

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

JASON R MARGOLIN 6647 CONCH COURT BOYNTON BEACH, FL 33437 ARTICLE IV: Management:

(Check the appropriate box)

The Limited Liability Company is to be a manager-managed company.

The Limited Liability Company is to be managed by the members.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SON K. MARGOLIN

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: NIEUW /VIOTORS	<u>RUAD</u>	
STYLE CONCEPTS, LLC		
,		
2. The name and the Florida street address of the registered agent are:		
JASON R. MARGOLIN		
Name	<u> </u>	
6647 CONCH COURT		
Florida street address (P.O. Box NOT ACCEPTABLE)	· 高 5	
BOYNTON BEACH, FL 33437		ED
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Having been names as registered agent and to accept service of process for the above stated; limited l; liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Filing Fee: \$25 for Designation of Registered Agent

SIGNATURE