# D10000003020

THE UNITED STATES **CORPORATION** 

ACCOUNT NO.: 072100000032

REFERENCE: 054638 131958A

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 27, 2001

ORDER TIME: 12:45 PM

ORDER NO. : 054638-010

CUSTOMER NO: 131958A

CUSTOMER: Carol Macmillan Stanley

Macmillan & Stanley

29 N.e. 4th Avenue

Delray Beach, FL 33483

DOMESTIC FILING

NAME:

WALLACE AUTOMOTIVE HOLDINGS,

LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

000003783510--5

-02/27/01--01116--007 \*\*\*\*620.00 \*\*\*\*155.00

#### **ARTICLES OF ORGANIZATION**

#### **FOR**

#### WALLACE AUTOMOTIVE HOLDINGS, LLC

## ARTICLE I

The name of the Limited Liability Company is:

WALLACE AUTOMOTIVE HOLDINGS, LLC.

### ARTICLE II ADDRESS

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

3555 S. E. Federal Highway Stuart, Florida 34997

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Carol MacMillan Stanley 29 N. E. Fourth Avenue Delray Beach, Florida 33483

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

OFFER 27 PM 2: 2 SIGNLIARY OF SIGN

APPROVED

## ARTICLE IV MANAGEMENT (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers as is, therefore, a manager - managed company.

(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.)

William L. Wallace, Member

STATE OF FLORIDA

**COUNTY OF PALM BEACH** 

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared WILLIAM L. WALLACE, who is personally known to me or who has produced as identification and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 23rd day of Tebruary, 2001.

Notary Public

My Commission Expires:

Linda Sanderson MY COMMISSION # CC866907 EXPIRES October 12, 2003 BONDED THRU TROY FAIN INSURANCE, INC.

OFFER 27 PH 2: 21

AND