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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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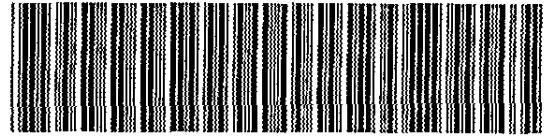
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALL AMESSE, FLORIDA

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1615 No. US Hwy 1 - Fort Pierce - Florida - 34950 - USA
Tel (772) 461-4343 Fax (772) 461-3839 www.caribbeanconnection.biz

Thursday, November 07, 2002

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Division of Corporations,

Enclosed please find our "Articles of Organization" form along with a check for \$130.00 to cover the Filing Fee, Designation of Registered Agent, and optional Certificate of Status.

Our contact information is as follows:

Caribbean Connection Auto Sales
Attn: Kaisamari Lind
1615 No. US 1
Fort Pierce, FL 34950

Telephone: (772) 461-4343
Fax: (772) 461-3839

Sincerely,

Kaisamari Lind

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARIBBEAN CONNECTION AUTO SALES, LLC

ARTICLE II - Address:

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

1615 NO. US 1, FORT PIERCE, FL 34950

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

KAISAMARI LIND

Name

1615 NO. US 1

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

FORT PIERCE, FL 34950

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.

Kaisamari Lind

Registered Agent's Signature

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

Kaisamari Lind

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.)

KAISAMARI LIND

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)

\$130.00 TOTAL

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TALLAHASSEE, FLORIDA

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