

L030000009641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

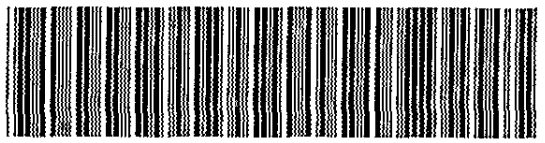
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/17/03--01066--003 **160.00

APPROVED
AND
FILED
03 MAR 17 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UB
3-18-03

March 14, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: INVENTORS CLASSICAL ELECTRIC VEHICLES, LLC

Gentlemen:

Enclosed please find the original and one copy of Articles of Organization for Florida Limited Liability Company together with check in the amount of \$160.00.

This represents the cost of the Filing Fees for Articles of Organization, Registered Agent Designation, Certified Copy, and Certification of Status. For the above named company.

Very truly yours,

Thomas W. Long

MAILING ADDRESS OF LIMITED LIABILITY COMPANY

Inventors Classical Electric Vehicles, LLC.
1862 SW Hickock Terrace
Port St. Lucie, Florida 34953
Phone: (772) 359-1514

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Inventors Classical Electric Vehicles, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1862 SW Hickcok Terrace
Port St. Lucie, Florida 34953

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

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

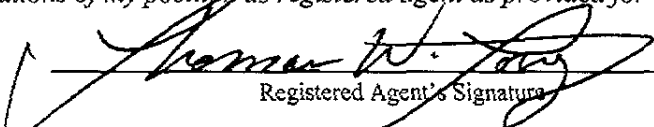
Thomas W. Long

Name
1862 SW Hickcok Terrace

Florida street address (P.O. Box **NOT** acceptable)
Port St. Lucie, FL 34953

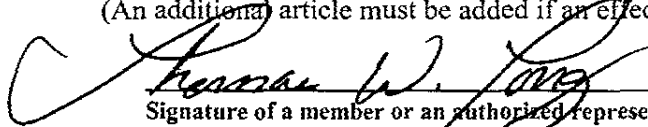
City, State, and Zip

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.



Registered Agent's Signature

(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.)

Thomas W. Long

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)

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