

L03000032500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03 AUG 28 PM 2:20  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*BR*

FILED  
03 AUG 28 PM 5:01  
TALLAHASSEE, FLORIDA

CT CORPORATION

August 28, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

03 AUG 28 PM 5:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5922701 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

IDA of Atlanta, LLC (FL)  
Formation  
Florida

IDA of Atlanta, LLC (FL)  
Certificate of Status-Domestic  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

CT CORPORATION

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

03 AUG 28 PM 5:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IDA of Atlanta, LLC

**ARTICLE II - Address:**

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

1845 N. Hwy. A1A, #702, Indiatlantic, FL 32903

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

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

Larry W. Pearson

Name

1845 N. Hwy. A1A, #702

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

Indiatlantic

FL 32903

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)

Independent Dealer's Advantage, LLC, a Florida limited liability company

By: 

Signature of a member ~~XXXXXX~~

(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.)

Larry W. Pearson, Manager of Independent Dealer's Advantage, LLC

Typed or printed name of signer

**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)

FILED  
AUG 28 AM 5 01  
STATE OF FLORIDA  
TALLAHASSEE