

LO4 000012748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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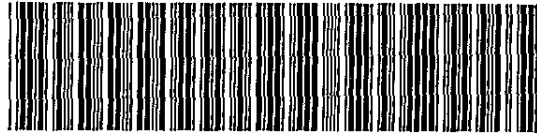
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## MEMO

**To:** Florida Division of Corporations

**From:** Jim Schwartz  
Attorney at Law  
235 North Garden Ave.  
Clearwater, FL 33755  
Tel: 727 441 3334  
Fax: 727 441 9395  
e-mail: [jasatt@gte.net](mailto:jasatt@gte.net)

**Re:** Filing of LLC's

**Date:** February 4, 2004

Please file

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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:

DJ4N Auto, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1470 South Missouri Ave.

Clearwater, FL 33756

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TALLAHASSEE, FLORIDA

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

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

Peter Nascarella

Name

1470 South Missouri Ave.

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

Clearwater

FLORIDA 33756

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, Florida Statutes.*



Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Peter Nascorella

1470 South Missouri Ave.  
Clearwater, FL 33756

Kelly L. Nascorella

same

MGRMS

John Morgado, MGR

same

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

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.)

Peter Nascorella

Typed or printed name of signer

**Filing Fees:**

\$166.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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