

W4000016411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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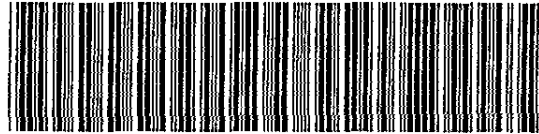
(Business Entity Name)

(Document Number)

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA  
04 FEB 27 04 11:03

W4-16411  
a

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

SUBJECT: BUMPER DEPOT, LLC

Enclosed is an original and one copy of the articles of organization and a check for:

☐ Filing Fee  
and Registered  
Agent  
Designation

☐ Filing Fee,  
Registered Agent  
Designation, and  
Certificate of Status

☒ \$155.00  
Filing Fee,  
Registered Agent  
Designation, and  
Certified Copy

☐ Filing Fee,  
Registered Agent  
Designation,  
Certified Copy, and  
Certificate of Status

Please return all correspondence concerning this matter to the following:

James E. Bedsole, Esq  
Bedsole and Conner  
7 Old Mission Avenue  
St. Augustine, Florida 32084  
Tel. 904-829-8611  
Fax 904-829-9510

wk\rg\estplan\Robinson, John\Bump-Dep\trans-let(jmw)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
BUMPER DEPOT, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be BUMPER DEPOT, LLC.

**ARTICLE II - ADDRESS**

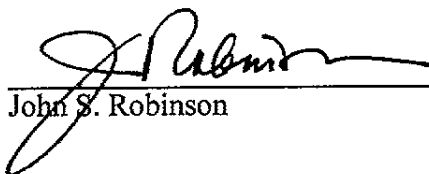
The mailing address of the company is 10895-4 Old Dixie Highway, St. Augustine, FL 32095.

The street address of the principal office of the company is 10895-4 Old Dixie Highway, St. Augustine, FL 32095.

**ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the state of Florida are John S. Robinson, 10895-4 Old Dixie Highway, St. Augustine, FL 32095.

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
John S. Robinson

**ARTICLE IV - MANAGEMENT**

The company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of each manager is as follows:

**Title:**

MGR

**Name and Address:**

John S. Robinson  
5300 Timucua Circle  
St. Augustine, FL 32086

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at St. Augustine, Florida, on February 2, 2004.

  
\_\_\_\_\_  
John S. Robinson

(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.)

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

Sworn to and subscribed before me this February 2, 2004 by John S. Robinson, who is personally known to me OR ✓ produced identification.  
Type of identification produced: FL Drivers License



Deborah C. Crocker  
MY COMMISSION # CC981345 EXPIRES  
December 9, 2004  
BONDED THRU TROY FARM INSURANCE, INC.

  
\_\_\_\_\_  
NOTARY PUBLIC: STATE OF FLORIDA

Deborah C. Crocker  
(Printed Name of Notary Public)  
Commission Expires: Dec. 9, 2004

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TALLAHASSEE, FLORIDA