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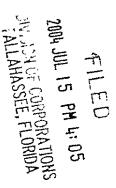
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<i>₽#</i> )
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## TRANSMITTAL LETTER

	ristration Section	- 3n
Divi	rision of Corporations	May My My
SUBJECT:	Auto Solutions East of South Florida LLC	1/2 15 0
	(Name of Limited Liability Company)	THE SOLD PAY
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	C. C
	Please return all correspondence concerning this matte	er to the following:
	Lynn A. Burton	
	(Name of Person)	
	Auto Solutions East of South Florida, LLC	
	(Firm/Company)	
1534	1 Sam Snead Lane	
	(Address)	
	N. Fort Myers, Florida 33917	
	(City/State and Zip Code)	
For further in	nformation concerning this matter, please call:	
Lynn A. Bu	rton at ( 239 ) 243-	5229
		ime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION				
FOR FLORIDA LIMITED LIABII	ITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:	NIZATION  ITY COMPANY  ALL SALES OF THE Limited Liability Company is:			
Auto Solutions East of South Florida, 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:			
15341 Sam Snead Lane	15341 Sam Snead Lane			
N. Fort Myers, Florida 33917	N. Fort Myers, Florida 33917			
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered				
Lynn A. Burton	-			
Name				
15341 Sam Snead Lane Florida street address (P.O. Box No.	QT acceptable)			
N. Fort Myers, Florida 33917 FL City, State, and Zip	ORIDA			

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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managin	ng Member(s):			
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  Lynn A. Burton  15341 Sam Snead Lane  N. Fort Myers. Florida 33917				
	470, 4, 6,			
Title:	Name and Address:			
"MGR" = Manager	75.65 m			
"MGRM" = Managing Member	Service 4.			
• •	`^\^\^_			
MGR	Lynn A. Burton			
	15341 Sam Snead Lane			
	N. Fort Myers, Florida 33917			
MGR	Michael Lozon			
	1552 Mulligan Court			
	Reynoldsburg, Ohio 43068			
(Use attachment if necessary)				
NOTE: An additional article must be	added if an effective date is requested.			
REQUIRED SIGNATURE:	. /			
	But to			
Signature of a member or an authorized representative of a member.				
Signature of a member of an authorized representative of a member.				
(In accordance with section 608.	408(3), Florida Statutes, the execution			
of this document constitutes an a that the facts stated herein are true.	ffirmation under the penalties of perjury ue.)			

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

Lynn A. Burton

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee