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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

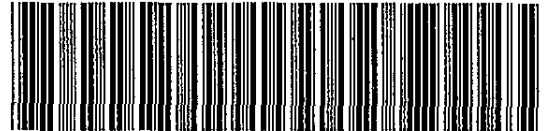
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 9, 2004

MAGGIE COFFMAN  
4232 CENTERGATE LANE #203  
ORLANDO, FL 32814

SUBJECT: ACCESS AUTO BROKERS, LLC  
Ref. Number: W04000030258

We have received your document for ACCESS AUTO BROKERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The operating agreement is not filed with our office.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 304A00049305

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Access Auto Brokers, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

*mailing address:* Maggie Goffman  
(Name of Person)  
Access Auto Brokers, LLC.  
(Firm/Company)

4232 Centergate Lane # 203;  
(Address)

Orlando, FL 32814  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maggie Goffman at ( 407 ) 256-3344  
(Name of Person) (Area Code & Daytime Telephone Number)

F EIN # 65-1230517

**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

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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Access Auto Brokers, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maggie Coffman  
(Name of Person)

Access Auto Brokers, LLC.  
(Firm/Company)

4232 Centergate Ln. # 203  
(Address)

Orlando, FL 32814  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maggie Coffman at 407, 256-3344  
(Name of Person) (Area Code & Daytime Telephone Number)

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Division of Corporations  
409 E. Gaines Street  
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P.O. Box 6327  
Tallahassee, Florida 32314

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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:

Access Auto Brokers, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

570 N. HWY 434  
Suite 170B  
Altamonte Springs, FL  
32714

**Mailing Address:**

4232 Centergate Ln.  
# 203  
Orlando, FL 32814

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

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

Maggie Cofman  
Name  
4232 Centergate Ln. # 203  
Florida street address (P.O. Box **NOT** acceptable)  
Orlando, FL FLORIDA 32814  
City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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..*

Maggie Cofman  
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

MGRM

**Name and Address:**

Maggie Coffman  
4333 Centergate Ln # 203  
Orlando, Florida, 32814

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Maggie Coffman

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.)

Maggie Coffman

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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