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TRANSMITTAL LETTER

TILE [

SECRETARY OF STA

TO: Registration Section Division of Corporations

SUBJECT: Glenn's Quality Auto & Accessories 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:

Glenn D. Walker

(Namc of Person)

Glenn's Quality Auto & Accessories LLC

(Firm/Company)

9/32 BB US Highway (Address)

Belleview Fl 34420-6220

(City/State and Zip Code)

For further information concerning this matter, please call:

Renna L. D'Arville at (352) 489-0202

(Name of Person) (Area Code & Daytime 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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the Limited Liability Company is:		
Glenn's Quality Auto & Acce	essories LLC	· .
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
9732 SE US Highway 441		
Belleview, Fl 34420-6220	·	
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regi	stered agent are:	
The name and the Florida street address of the regi	stered agent are:	
The name and the Florida street address of the regi	stered agent are: Arville sylvania Ave Ste C	
The name and the Florida street address of the regi ———————————————————————————————————	stered agent are: Arville sylvania Ave Ste C	

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

FILED

Citle:	er or Managing Member is as follows: SECRETARY OF STATE Name and Address: All: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR" = Manager MGRM" = Managing Member	
MGR	Glenn D Walker
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en e	
(Use attachment if necessary)	
ARTICLE V - Effective d	late shall be September 1, 2004
ARTICLE V - Effective d NOTE: An additional article mus REQUIRED SIGNATURE:	late shall be September 1, 2004 st be added if an effective date is requested.
NOTE: An additional article mus	late shall be September 1, 2004 st be added if an effective date is requested.
NOTE: An additional article mus REQUIRED SIGNATURE:	late shall be September 1, 2004 of the added if an effective date is requested. Duller an authorized representative of a member.
NOTE: An additional article mus REQUIRED SIGNATURE: Signature of a member or (In accordance with section	an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury

5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent