

LO4000067981

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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LO4-67981  
OK

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nik's Autocraft, L.C.

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

Please return all correspondence concerning this matter to the following:

Milan Dragovic

Nik's Autocraft, L.C.

431~~1~~21<sup>st</sup> Street  
431 E 21<sup>st</sup> ST.  
Jacksonville, Florida 32206

For further information concerning this matter, please call:

~~MILAN DRAGOVIC~~

cell - 904 - 859 - 8963

SECTION OF STATE  
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:

Nik's Autocraft, L.C.

**ARTICLE II – Address:**

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

**Principal Office Address:**

431 21<sup>st</sup> Street **E**  
Jacksonville, Florida 32206

**Mailing Address:**

431 21<sup>st</sup> Street **E**  
Jacksonville, Florida 32206

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

Milan Dragovic

431 21<sup>st</sup> Street **E**

Jacksonville, Florida 32206

*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

CLERK OF STATE  
TALLAHASSEE, FLORIDA  
6/19/15 PM 2:56

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

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


**Title:**

“MGR” = Manager

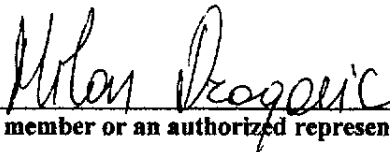
“MGRM” = Managing Member

**Name and Address:**

MGRM

Milan Dragovic  
431 21<sup>st</sup> Street   
Jacksonville, Florida 32206

**REQUIRED SIGNATURE:**



Signature of member or an authorized representative of a member.

Milan Dragovic

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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