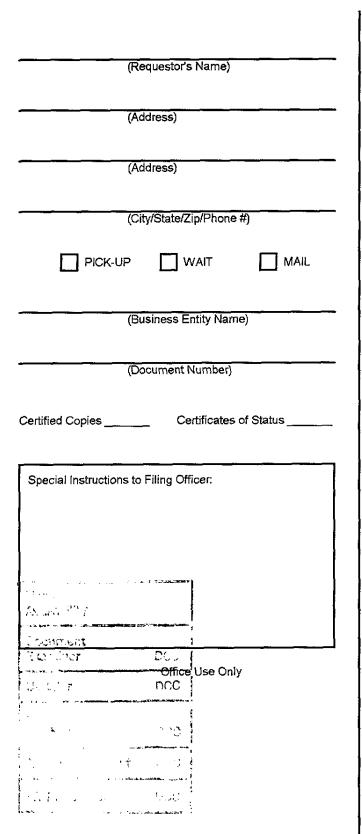
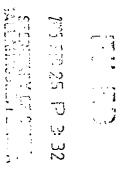
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Grerald + Charlie's Auto Machine, 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:		
Joe anderson TT (Name of Person)		
Gerald + Charlie's Outo Machine, LLC (Firm/Company)		
604 West loth street (Address)		
Sanford, Florida 32771 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Toe anderson at 407 322-7526 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Status Status Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 RAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gerald + Charlie's Outo Machine, 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:	
GON West loth street	bot West 6th street Sauford, F1 32771	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the r	egistered agent are:	
Joe anderso	NTIL	
202 Rag 1	Iress (P.O. Box NOT acceptable)	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	
Joe Advisor TA Registered Agent's	Signature 27 27 27 27 27 27 27 27 27 27 27 27 27	
(CONTINU	UED)	
Page 1 of 2	2 N	

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGB"	Joe Anderson III. 203 Reed Ave Oviedo FI 32765
"MGBM"	Daniel E Anderson 180 Lake Harney Rd Orevera FL 32732
"MGBM"	John H. Flynn P.O. Box 740011 Orange City, F1 32774

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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.)

101 Ailderson TLL
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)