# L05000041914

| (R                      | requestor's Name)       |        |
|-------------------------|-------------------------|--------|
| (A                      | ddress)                 |        |
| (A                      | ddress)                 |        |
| (0                      | City/State/Zip/Phone #) |        |
| PICK-UP                 | WAIT                    | MAIL   |
| (B                      | Susiness Entity Name)   |        |
| (D                      | locument Number)        |        |
| Certified Coples        | Certificates of         | Status |
| Special Instructions to | o Filing Officer:       |        |
|                         |                         |        |
|                         |                         |        |
|                         |                         |        |
| Office                  | Office Use Only         |        |



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05 APR 25 PN 3: 34

### TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: REA              | INHART ACT                                    | TOMOTIVE L   | LC.   |   |
|---------------------------|---|--|---|---|
|                           | (Name of Limite                               | d Liability Company)   |   |   |
| The enclosed Articles o   | f Organization and fce(s) are s               | ubmitted for filing.   |   |   |
| Please return all corresp | ondence concerning this matte                 | er to the following:   |   |   |
| DE                        | Ennis Rem                                     | Name of Person)  | ·   |   |
| Rein HA                   | AT AUTOMOT                                    | WE   |   |   |
|                           | (   | Firm/Company)  |   |   |
| 3035                      | BRALL CT                                      | <b>-</b>   |   |   |
|                           |   | (Address)  |   |   |
| <u>0 f</u>                | CHNGE PARK (City)                             | Fc 3 7 4 6 :<br>State and Zip Code)                                  | <u> </u>  | ·                                       |
| For further information   | concerning this matter, please                | call:  |   |   |
| DENNIS RE                 | FINITART                                      | at ( 904 ) 276 -   | -5003 E   |   |
| (Name                     | of Person)                                    | (Area Code & Daytime To  | ,   |   |
| Enclosed is a check fo    | r the following amount:                       |  |   | <u> </u>                                |
| \$125.00 Filing Fee       | ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) | 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
|                           | ET ADDRESS:                                   | MAILING A  | DDRESS:   |   |
|                           | ration Section<br>on of Corporations          | Registration S<br>Division of Co                                     |   |   |
| 409 E.                    | Gaines Street                                 | P.O. Box 6327  |   | = :                                     |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

REWHART AUTOMOTIVE 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:** 

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

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

DENNIS REINHART
Name

Florida street address (P.O. Box NOT acceptable)

ORANGE PARIC FL 33065

City, State, and Zip

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 familiat with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGK

(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.)

S Rein HAR 7 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)