

L05000046218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

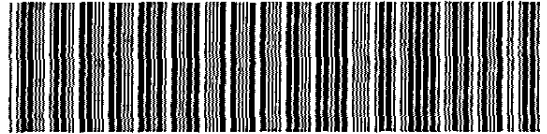
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Craig Tire Company, LLC

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*32^c
filings*

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ☒ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☒ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

WL 5/10 11:00

**ARTICLES OF ORGANIZATION OF
CRAIG TIRE COMPANY, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - NAME:

The name of the Limited Liability Company is Craig Tire Company, LLC.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 3261 Schiffko Road, Cantonment, Florida 32533.

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the member and the name and address of the managing member is:

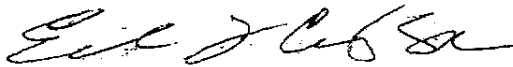
Eddie L. Craig, Sr.
3261 Schiffko Road
Cantonment, Florida 32533

**ARTICLE V - REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE:**

The street address of the initial registered office of this corporation in the State of Florida and the name of its initial registered agent at that office is as follows:

Eddie L. Craig, Sr.
3261 Schiffko Road
Cantonment, Florida 32533

Having been named as registered agent and to accept service or 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.



EDDIE L. CRAIG, SR.
Registered Agent

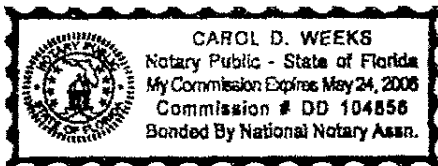
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IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged
them to be my act this 5th day of May, 2005.

Eddie L. Craig, Sr.
EDDIE L. CRAIG, SR.

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 5th day of May, 2005, by
EDDIE L. CRAIG, SR., who is personally known to me or who produced a driver's license as
identification.



Sign: Carol D. Weeks
Print: Carol D. Weeks
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires: 5/24/06
My Commission Number: DD104856