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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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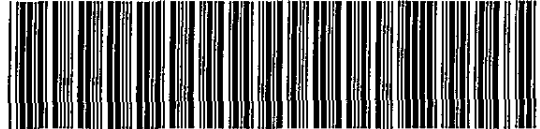
(Business Entity Name)

(Document Number)

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05 MAY -4 AM 7:48

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**SUBJECT:**

### **AUTOMOBILE TOURS INTERNATIONAL, 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:

**Ben McLaren**

**Automobile Tours International, LLC  
1582 Chancellor Ct.  
Clermont, FL 34711**

For further information concerning this matter, please call:

**Ben McLaren at (352-978-4800) or 877-477-3261**

Enclosed is a check for the following amount: **\$130.00 Filing Fee & Certificate of Status**

**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

05 MAY -4 AM 7:48  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**AUTOMOBILE TOURS INTERNATIONAL, 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:**

1582 Chancellor Ct, Clermont, FL 34711

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

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

**Ben McLaren**  
1582 Chancellor Ct, Clermont, FL 34711

*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, F.S..*



Registered Agent's Signature

(CONTINUED)

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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:**

Manager

**Name and Address:**

Ben McLaren (MGR)  
1582 Chancellor Ct, Clermont, FL 34711

**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.)

Ben McLaren

Typed or printed name of signee

05 MAY -4 AM 7:48  
TALLAHASSEE, FLORIDA