

LD5000062873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200056250152

06/20/05--01023 -016 \*\*125.00

FILED  
05 JUN 20 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Authentic Imports, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Nicholas J. Rizzo  
(Name of Person)  
Nicholas J. Rizzo & Associates, Inc.  
(Firm/Company)  
851 E. Highway 434, Suite 206  
(Address)  
Longwood, Florida 32750  
(City/State and Zip Code)

For further information concerning this matter, please call

Nicholas J. Rizzo at 407-767-6588  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED  
05 JUN 20 PM 12: 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

AUTHENTIC IMPORTS, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

4524 Woodlot Court

Orlando, Florida 32835

**Mailing Address:**

P.O. Box 781

Windermere, Florida 34786

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

The name and the Florida Street Address of the Registered Agent are:

Martha Elena Flores  
Name

4524 Woodlot Court  
Address (NO P.O. BOX)

Orlando, Florida 32835  
City, State, Zip

FILED  
05 JUN 20 PM 12: 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 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)

PAGE 1 OF 2

**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

MGR

Martha Elena Flores

4524 Woodlot Court

Orlando, Florida 32835

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use Attachment if Necessary)

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

**REQUIRED SIGNATURE:**

FILED  
05 JUN 20 PM 12: 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



\_\_\_\_\_  
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.)

Martha Elena Flores

\_\_\_\_\_  
Typed or printed name of signee