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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : RACHEL SIU
Account Number : I20010000073
Phone : (407) 679-2433
Fax Number : (407) 671-4352

LIMITED LIABILITY COMPANY

Best Choice Collision Center LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

05 JUN 24 AM 9:52

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DIVISION OF CORPORATION

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST CHOICE COLLISION CENTER 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:

RAVIN PERSAUD

(Name of Person)

BEST CHOICE COLLISION CENTER LLC

(Firm/Company)

8524 E. COLONIAL DR.

(Address)

ORLANDO FLORIDA 32817

(City/State and Zip Code)

For further information concerning this matter, please call:

RAVIN PERSAUD

(Name of Person)

at (407) 310-4697

(Area Code & Daytime Telephone Number)

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST CHOICE COLLISION CENTER LLC**ARTICLE II - Address:**

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

Principal Office Address:8524 E. COLONIAL
ORLANDO FL 32817**Mailing Address:**8524 E. COLONIAL
ORLANDO FL 32817**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
The name and the Florida street address of the registered agent are:RAVIN PERSAUD
Name4436 STEED TERRACE
Florida street address (P.O. Box NOT acceptable)WINTER PARK FLORIDA 32792
City, State, and Zip

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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, Florida Statutes..

Ravin Persaud
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGR
RAVIN PERSAUD
4436 STEAD TERRACE
WINTER PARK FL 32792
MGRM
CRISHNA PERSAUD
4421 STEAD TERRACE
WINTER PARK FL 32792

(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.)

RAVIN PERSAUD
 Typed or printed name of signee
Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

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