

LOS000103911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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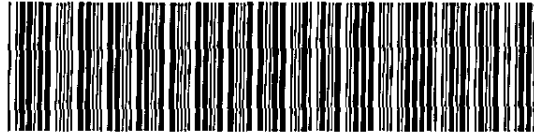
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIONEL AUTO CARE 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:

LIONEL CREIGHTON
(Name of Person)

LIONEL AUTO CARE LLC
(Firm/Company)

8604 SW 20th STREET
(Address)

NORTH LAUDERDALE, FL 33068
(City/State and Zip Code)

For further information concerning this matter, please call:

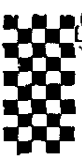
LIONEL CREIGHTON at (954) 658 5217
(Name of Person) (Area Code & Daytime Telephone Number)

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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF ORGANIZATION

ARTICLE I:

The name of the Limited Liability Company is **Lionel Auto Care LLC.**

ARTICLE II:

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

Principal Office and Mailing Address:

2700c North State Road 7
Lauderdale Lakes, Fl 33313

ARTICLE III:

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

Stacie Ann Creighton
8604 SW 20th Street
North Lauderdale, Fl 33068

Having been named 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 in Chapter 608, F.S.

Registered Agent's Signature

ARTICLE: IV


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

<u>Title:</u>	<u>Name and Address</u>
MGRM	Lionel Creighton 8604 SW 20 th Street North Lauderdale, Fl 33068

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ARTICLE: V

The effective date of the Limited Liability Company is October 14, 2005.



Signature of Member

(In accordance with Section 608.408(3), Florida Statutes, execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)



Lionel Creighton

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