106000026795

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
, , ,	
PICK-UP WAIT MAIL	
– – –	
(Dustiness Fields Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Openial mondonotio to 1 ming Officer.	
l l	

Office Use Only



000067126400

03/08/06--01026--029 **160.00

COVER LETTER

TO: Registration Sec Division of Cor				obe.
SUBJECT: ALL	AMERICAN MOT	OF CYCL TRAINING Liability Company)	g U.C.	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all correspo	ondence concerning this matter	er to the following:		
	Fred for	Name of Person)		
All Ar	nerican motorc	ICL Training		
425	11 Royal I	Yalls Rd.		03 MAR -8 MM 10: 49
	ustis Ha	32736		8 3 6
	(City	/State and Zip Code)		34 to
For further information c	oncerning this matter, please	call:		7
Jennifer (Name of	Hall of Person)	at (352) 589 (Area Code & Daytime Te	0456 elephone 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 In Certificate of Status Certified Copy (additional copy is enclosed)	&
	Mailing Address Registration Section	Street/Courier Addres	<u>s</u>	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
ALL AMERICAN MOHOCO (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Compan	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
42511 Royal Trails Rd. EUSTUS, Ela 32736	42511 ROYAL TYOILS Rd EUSTIS, Kla. 32736
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	10
Name	<u>(C.</u>
42511 BOYALT Florida street addi	Yalls Rd. ress (P.O. Box NOT acceptable)
EUS+iS City, State, an	FL 32736
Having been named as registered agent and to a	ccept service of process for the above stated limited

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLETV- Manager(s) or Managing Member(s):

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

·	42511 RONAL TVOILSRD
	Eustis, Ma 32736
	S = 8
(Use attachment if necessary) ICLE V: Effective date, if other than the date of	of filing:
n effective date is listed, the date must be spec r 90 days after the date of filing.)	ific and cannot be more than five business days prior

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.)

Jenn H. Ag/

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)