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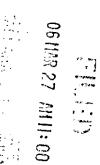
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Ken Colen Jone	es Vehicles, LLC	
	(Name of Emilies	Thabinty Company)	
The enclosed Articles o	f Organization and fee(s) are s	abmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	Hilary-Ann Jon	ues	
	1 0	Name of Person)	
	(Firm Company)	
	12701 120	Dasin	
	[228] Coronado	(Address)	
	Some Iliu o	/ "Dallas	
	Shrind A:11' 7	L 34609 State and Zip Code)	
	Ç=- ,	,	
For further information	concerning this matter, please	call:	
H:1	T. nea	75- 102-	0246
(Name	of Person)	at (352) 683- (Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
KEN COLEN JONES Vehicl	es, LLC
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4755 110 th Avenue N. Clemanater, 21 33762	12281 CORONADO DRIVE Spring Hu. FL 34609
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Hilary-Ann D. Name	
12281 Corol Florida street add	NAAA DKIDE
Spring Hill City, State, a	ress (P.O. Box NOT acceptable) FL 34609 nd Zip

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.

Ilifary Jun D. Jones
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address: ber
MGRM	Kenneth Colon Jones
	500:00 Hill 76 34609
MGRM	
	Hilary-Ann D IONES 12281 Coronado Brive
	Spring Hill, 76 34609
	•
(Use attachment if necessary)
(Use attachment if necessary	
LE V: Effective date, if other	than the date of filing: (OPTION
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE Signature of	than the date of filing:
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE Signature of (In accordance of this document)	than the date of filing:

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)