

Qty 32

LOG000048718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

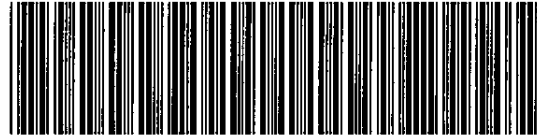
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800072656658

05/02/06--01014--003 **155.00

06 MAY -2 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

5-11
Crist

RUSH, MARSHALL, JONES AND KELLY, P.A.

ATTORNEYS AT LAW

FLETCHER G. RUSH (1917-2003)
CHARLES V. MARSHALL (1929-1994)
CHARLES R. GEORGE, III (1950-2005)
DAVID B. JONES
ROGER A. KELLY
JAMES C. HINCKLEY
ROBERT S. HOOFMAN
LESLIE S. WHITE
ROBERT J. WATSON, JR.
RACHAEL M. CREWS

MAGNOLIA PLACE
109 EAST CHURCH STREET, 5TH FLOOR
POST OFFICE BOX 3146
ORLANDO, FLORIDA 32802-3146

407-425-5500
FACSIMILE 407-423-0554
E-MAIL JHINCKLEY@RUSHMARSHALL.COM

April 27, 2006

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

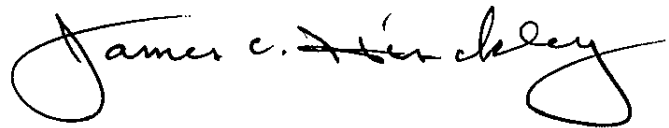
Re: C & S Motors Management, LLC

Dear Sirs:

I enclose Articles of Organization for this LLC and a check for \$155.00.

Please file and send me a certified copy.

Very truly yours,



James C. Hinckley

JCH/wpf
Encl.

FILED
06 MAY -2 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C & S Motors Management, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

2300 SW College Road
Ocala, FL 34474

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Craig G. Bachrodt

Name

2300 SW College Road

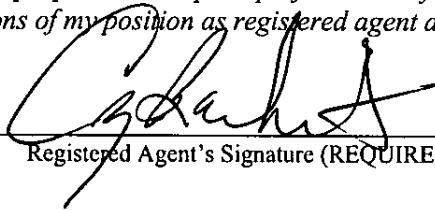
Florida street address (P.O. Box **NOT** acceptable)

Ocala

FL 34474

City, State, and 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
06 MAY - 2 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Craig G. Bachrodt

2300 SW College Road

Ocala, FL 34474

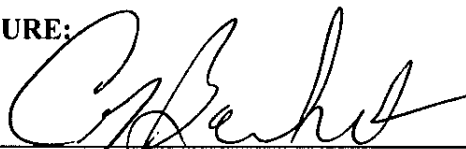
06 MAY -2 PM 1:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Craig G. Bachrodt

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)