

L060000053538

(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



900073422739

EFFECTIVE DATE

~~07-01-06~~

05/08/06--01054--001 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 24 PM 1:34

W06-22612

B. McKnight MAY 24 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Automatic Transmission Exchange 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:

Evelyn Noel

(Name of Person)

Evelyn Noel Accountant

(Firm/Company)

3711 Trout River Blvd

(Address)

Jacksonville Florida 32208

(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn Noel

(Name of Person)

at (904) 768-6486

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2006

EVELYN NOEL
3711 TROUT RIVER BLVD
JACKSONVILLE, FL 32208

SUBJECT: AUTOMATIC TRANSMISSION EXCHANGE LLC
Ref. Number: W06000022612

We have received your document for AUTOMATIC TRANSMISSION EXCHANGE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please complete all pages and resubmit.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 406A00034485

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
07-01-06

Automatic Transmission Exchange 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:

6721¹ Stuart Avenue
Jacksonville Florida 32254

Mailing Address:

3711 Trout River Rd
Jacksonville Florida 32208

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.)

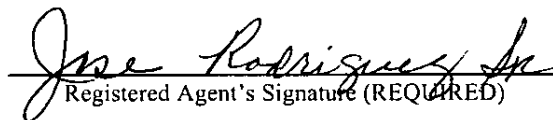
The name and the Florida street address of the registered agent are:

Jose Rodriguez Sr
Name

6721 Stuart Avenue
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32254
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 24 PM 1:34

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

Jose Rodriguez Sr
6721 Stuart Avenue Jax Fla 32254

MGRM

Jose Rodriguez Jr
6721 Stuart Avenue Jax Fla 32254

MGRM

Kenneth Synder
6721 Stuart Avenue Jax Fla 32254

MGRM

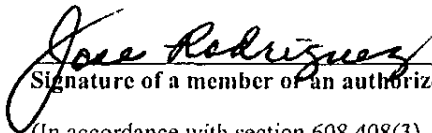
Margarite Rodriguez
6721 Stuart Avenue Jax Fla 32254

See Attached Additional MGRM
(Use attachment if necessary).

ARTICLE V: Effective date, if other than the date of filing: 7-1-2006 (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.)

Jose Rodriguez

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)

Automatic Transmission Exchange LLC

Page 2 Attachment

MGRM

Carlos Rodriguez
6721 Stuart Avenue Jax Fla 32254

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 24 PM 1:34