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SECRETARY OF SIAIF DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OCCASION SALE (Name of Limited)	Liability Company)
The enclosed Articles of Organization and fee(s) are su	omitted for filing.
Please return all correspondence concerning this matter	to the following:
yooksi faul	EHANG ame of Person)
OCEASION SAlex &	RENTAL LLC
(F	irm/Company)
4413 S.W. GA	Address)
fort st Juce (City/s	e FL. 34953 tate and Zip Code)
For further information concerning this matter, please of Management (Name of Person)	at (772) 224-8306 (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)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ART	TICL	Æ	I -	Nai	ne:

The name of the Limited Liability Company is:

OCCASION SAles & RENTAL LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

PORT ST Lucie FL. 34953 POTT ST Lucie OFL.

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

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

DOKSI TAUL CA

4413 S.W. GAGNON Rd.

Florida stree (address (P.O. Box NOT acceptable)

FL 34953
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

(CONTINUED)

Page 1 of 2

06 MAY 30 PM 1: EO

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

UOOKST AND CHANG

14413 S. W. Gagnon RedFort ST. Lucie OFL. 34953

MGRM

LORNA CLARE CHANG
4413 S.W. Gagnin Rd
Fort SF. Lucie OFL. 34953

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

gariture 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.)

I TAUL CH

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)