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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First Class Limousine Service of NW Florida, L.L.C.  
(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:

Wade Wilson

(Name of Person)

Wade Wilson, C.P.A., P.A.

(Firm/Company)

1601 West Garden Street

(Address)

Pensacola, FL 32501

(City/State and Zip Code)

For further information concerning this matter, please call:

Wade Wilson

(Name of Person)

at ( 850 ) 438-1122

(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)

**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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**First Class Limousine Service of NW Florida, L.L.C.**

**ARTICLE II – Address:**

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

**Principal Office Address:**

2009 West Indies Dr.  
Pensacola, FL 32506

**Mailing Address:**

2009 West Indies Dr.  
Pensacola, FL 32506

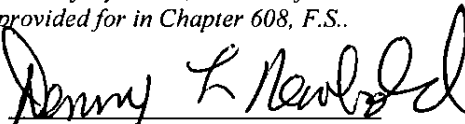
**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's  
Signature:**

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

Denny L. Newbold  
Name  
2009 West Indies Dr.  
Florida Street Address  
  
Pensacola, FL 32506  
City, State, and Zip Code

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*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)

**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:**

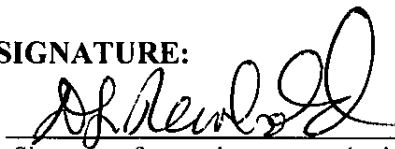
MGRM

Denny L. Newbold  
2009 West Indies Dr.  
Pensacola, FL 32506

M

Betty L. Newbold  
2009 West Indies Dr.  
Pensacola, FL 32506

**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.)

Denny L. Newbold  
Name of Signee

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