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# **COVER LETTER**

	ration Section on of Corporatio	ons	.4		
			<b>~</b>		
SUBJECT:	Wright	Motors, LLC	2		•
_		(Name of Limi	ted Liability Company)		The state of the s
The enclosed A	rticles of Organ	ization and fee(s) are	submitted for filing.		
Please return all	correspondenc	e concerning this mat	ter to the following:		
	Hov	ward L. Cau	vel, Esquire (Name of Person)		
			(Name of reison)		
	Ranc	o, Cauvel, 8	Ceely, P.A.	ı	
			(Firm Company)		
	233	B E. Rich At	renue		
			(Address)		
	DoI:	and, Florida	22724		
	реца		ty State and Zip Code)		
For further info	rmation concern	ning this matter, pleas	e call:		
Howard 1	L. Cauvel	L	at ( 386 ) 7	34-21	.31
	(Name of Perso		(Area Code &	Daytime To	elephone Number)
Enclosed is a	check for the fo	ollowing amount:			
□ \$125.00 Fili		130.00 Filing Fee & ificate of Status	\$155.00 Filing Certified Copy (additional copy is en		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divi P.O.	stration Section sion of Corporations Box 6327 chassee, FL 32314	Street/Couri Registration S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporatio ling ve Center	ns

## ARTICLES OF ORGANIZATION FOR WRIGHT MOTORS, LLC

FILED

### ARTICLE 1 - Name:

The name of the Limited Liability Company is: Wright Motors, LLC

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability

Company is: 2835 State Road 44 West, DeLand, Florida 32720

Principal Office Address: Mailing Address: 2835 State Road 44 West, DeLand,

Florida 32720

### ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name: Charles W. Wright, 2835 State Road 44 West, DeLand, Florida 32720

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, Florida Statutes.

Registered Agent's Signature: 

(Manly Wight Charles W. Wright)

# ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: Name and Address:

MGRM: Charles W. Wright, 2835 State Road 44 West, DeLand, Florida 32720

# 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).

Charles W. Wright

Typed or printed name of signee:

Charles W. Wright