

L07 0000 18390

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000256691 3)))



H060002566913ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.

Account Number : 120030000026

Phone : (623) 465-8636

Fax Number : (623) 465-8640

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FEB 16 AM 8:53

FILED

RECEIVED

07 FEB 16 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GPS Suspension LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

L07-18390
OK

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GPS Suspension LLC

H060002566913

ARTICLE II - Address:

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

Principal Office Address:1339 Clock StJacksonville FL, 32211**Mailing Address:**1339 Clock StJacksonville FL, 32211**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Gary Buecker

Name

1339 Clock StFlorida street address (P.O. Box NOT acceptable)Jacksonville,FLORIDA 32211

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, Florida Statutes..


Registered Agent's Signature

Page 1 of 2
(CONTINUED)

H060002566913

2007 FEB 16 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H060002566913

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**

Gary W. Buecker

1339 Clock St

Jacksonville FL, 32211

MGRM

Samantha Buecker

131 Twin Ridge Ct

Clammons NC, 27012

(Use attachment if necessary)

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

Gary W. Buecker

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

H060002566913