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SECRETAGE OF STATE
AND ANASSEE FLORIDA

COVER LETTER

TO:	Registration Se Division of Co						
CUDUE	.cm. TLC A	uto Sales LLC					
SUBJE	.CI: <u>1-0/</u>	(Name of Limited	d Liability (Compa	iny)	····	· · · · · · · · · · · · · · · · · · ·
The end	closed Articles of	f Organization and fee(s) are su	ibmitted fo	r filins	,		
		ondence concerning this matte					
	_	_			•		
	Larry Ost		Name of Per	son)	,		- And Andrews -
,	TI C Auto	Sales LLC					
	TEO Auto		Firm/Compa	ny)	- 		
	260 SW I	Barrs Gln					
•		, , , , , , , , , , , , , , , , , , , ,	(Address)				
	Lake City	FI 32024					
•		(City)	State and Zi	p Code)		
For fur	ther information	concerning this matter, please	call:				
Larry Ostendorf		at (386		288-3	484		
(Name of Person)				e & Daytime	Telep	hone Number)	
Enclos	ed is a check fo	or the following amount:					
\$125.00 Filing Fee		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)		Ċ	\$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	Re Di Cli 26	gistrati vision fton B	ourier Adda on Section of Corporat suilding ecutive Cent see, FL 3230	tions ter Cir	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TLC Auto Sales LLC Must end with the words "Limited Liability Company, "Limite ARTICLE II - Address:	ed Company" or their abbreviation "LLC," or "L.C.,")
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2492 SE Baya Avenue	260 SW Barrs Gln
ake City FI, 32055	Lake City FI 32024
The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the relative Description Larry Ostendorf Name 260 SW Barrs Gln. Florida street add Lake City City, State, a	egistered agent are: Price (P.O. Box NOT acceptable) FL 32024
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
	MGR	Larry Ostendorf 260 SW Barrs Gin. Lake City FL. 32024			
	MGRM	Theresa Ostendorf 260 SW Barrs Gln. Lake City FL. 32024			
	(Use attachment if necessary)				
(If an e	CLE V: Effective date, if other than the da effective date is listed, the date must be so days after the date of filing.)				ior
	REQUIRED SIGNATURE:		SEGR SEGR	7 AF	
	(In accordance with section	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tees an affirmation under the penalties of perjury	RETAKT OF STATE AHASSEE, FLORID	APR 24 AM 10: 43	FILED
	Larry Ostendorf	d or printed name of signee	ATERIDA	ည်	

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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)