

LD7000050982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

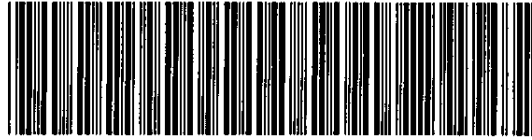
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TALLAHASSEE, FLORIDA

**SHANAMAN & RHEAUME, PLC**  
PROFESSIONAL LIMITED LIABILITY COMPANY  
Attorneys and Counselors

**Mark W. Rheaume, Esq.**

mrheaume@thesrlawfirm.com

200 E. Long Lake Road, Suite 177  
Bloomfield Hills, Michigan 48304  
248.594.5888  
Facsimile 248.203.6444

May 2, 2007

Metro Cars, Inc.  
24957 Brest Road  
Taylor, MI. 48180  
Attn: Dan Ret


RE: South Peninsula Vehicle Leasing, LLC  
Organizational Documents

Dear Dan,

I am enclosing the Articles of Organization with respect to the formation of South Peninsula Vehicle Leasing, LLC. If they meet with your approval, please sign where indicated and forward the Articles of Organization and a check in the amount of \$125 in the enclosed envelope for filing with the Florida Department of State – Division of Corporations. We will soon follow with the appropriate resolution and operating agreement for this entity.

If you have any questions, please contact me at your earliest convenience. Best Regards.

Very truly yours,

  
Mark W. Rheaume  
(MWR/cll)

Enclosures  
cc: Kevin Dunbar

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Peninsula Vehicle Leasing, LLC  
(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:

Alan I. Shanaman, Esq.

(Name of Person)

Shanaman & Rheäume, PLC

(Firm/Company)

200 E. Long Lake Road, Ste. 177

(Address)

Bloomfield Hills, MI. 48304

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan I. Shanaman, Esq.

(Name of Person)

at ( 248 ) 594.5888

(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

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

South Peninsula Vehicle Leasing, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

16991 US Highway 19 North

Clearwater , FL. 33764

#### Mailing Address:

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DANIEL RET

Name

16991 US Highway 19 North

Florida street address (P.O. Box **NOT** acceptable)

Clearwater , FL. 33764

FL

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 (REQUIRED)

(CONTINUED)

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**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:**

MGR

Cullan F. Meathe

100 Riverplace Drive

Detroit, MI. 48207

MGR

Daniel Ret

24957 Brest Road

Taylor, MI. 48180

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

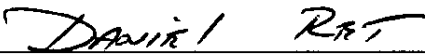
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)



\_\_\_\_\_  
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)**

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