## L0700054183

(Re	equestor's Name)	
(Ad	dress)	···
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(2	1	,
(Da	cument Number)	
(00	cament Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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O7 MAY 21 PH 1:3

## RUSH, MARSHALL, JONES AND KELLY, P.A.

FLETCHER G. RUSH (1917-2003) CHARLES V. MARSHALL (1929-1994) DAVID B. JONES

ROGER A. KELLY
JAMES C. HINCKLEY\*

ROBERT S. HOOFMAN\*\*
LESLIE S. WHITE\*\*\*

ROBERT J. WATSON, JR. RACHAEL M. CREWS

\*ALSO ADMITTED NEW YORK

\*\*ALSO ADMITTED TEXAS

\*\*\*ALSO ADMITTED ALABAMA

May 15, 2007

MAGNOLIA PLACE 109 EAST CHURCH STREET, 5TH FLOOR POST OFFICE BOX 3146 ORLANDO, FLORIDA 32802-3146

407-425-5500 FACSIMILE 407-423-0554 JHINCKLEY@RUSHMARSHALL.COM

> SECRETARY OF STA TALLAHASSEE, FLOR

MY 21 PH 1:39

Secretary of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Scott's Petrol, LLC

Dear Sirs:

I enclose the Articles of Organization in this matter, and a check in the amount of \$155.00.

Please file and send me a certified copy.

Very truly yours,

James C. Hinckley

JCH/wpf Encl.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited	Liability Company is:		
Scott's Petrol, LLC			
(Must end with the words "Limit	ed Liability Company, "Limited	l Company" or their abbreviation "Ll	LC," or "L.C.,")
ARTICLE II - Address	<b>!!</b>		
		ncipal office of the Limited	Liability Company is:
Principal Office Addre	<u>ss:</u>	Mailing Address:	
2731 Mangostine Lane			
Ocoee, FL 34761			
(The Limited Liability Company business entity with an active F The name and the Florid	cannot serve as its own Registe lorida registration.)	Office, & Registered Agen red Agent. You must designate an in egistered agent are:	
	Name		PS X
2731	Mangostine Lane		OR :
<u>=-,</u>		ress (P.O. Box NOT acceptable)	DA PA
Ocoe	е	FL 34761	
	City, State, ar	nd Zip	
liability company at t registered agent and agr statutes relating to the	the place designated in th ree to act in this capacity proper and complete per	ccept service of process for this certificate, I hereby accept.  I further agree to comply we formance of my duties, and I tered agent as provided for increase (REQUIRED)	t the appointment as with the provisions of all I am familiar with and

(CONTINUED) Page 1 of 2

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

<u>Title:</u>		Name and Address:	
"MGR" = Man $"MGRM" = M$	ager anaging Member		
WIGHT — WIS	anaging Memoer		
MGRM		Clarence Scott	
		2731 Mangostine Lane	
		Ocoee, FL 32761	<del></del>
MGRM		Juliette Scott	
•••	<del></del>	2731 Mangostine Lane	
		Ocoee, FL 34761	<del>_</del>
		,	
	<del></del>		<del></del>
			_
			<del></del>
(Use attachmer	nt if necessary)		
(Obe altaeline)	n n noodsary)		
ARTICLE V: Effectiv	e date, if other than the	date of filing: (OPT	IONAL)
		e specific and cannot be more than five busine	ss days prior
to or 90 days after the	date of filing.)		
		TA	<b>.</b> .
REQUIRED S	SICNATUDE.	Ė.	97 SF <sub>C</sub>
<u>KEOUKED</u> S	MGNATURE:	Air Hi	
	/// ()<	ASS	
	Cham Seo	SE	
	Signature of a member	r or an authorized representative of a member. 🚎	
	(In accordance with sec	etion 608.408(3), Florida Statutes, the execution	
		tutes an affirmation under the penalties of perjury	1:39
	Clarence Scott		
		ped 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)