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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

OF INN -1 PM 2: 13

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	South Peninsula	Vehicle Leasing, LLC		
SUBJECT.		d Liability Company)		
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.		
Please return all corr	espondence concerning this matte	er to the following:		
Alan I. Sl	nanaman, Esq.			
	(Name of Person)		
Shanama	an & Rheaume, PLC			
	1	(Firm/Company)		
200 E. L	ong Lake Road, Ste	. 177		므므
		(Address)		NISI NISI
Bloomfie	eld Hills, MI. 48304			
	(City	/State and Zip Code)		COR
For further informati	on concerning this matter, please	call:		OT JUN - PH 2: 13
	_	0.40 =0.4.500	•	Tu S
Alan I. Shanan	nan, Esq.	at (248) 594.588 (Area Code & Daytime T		
(140	and of Ferson)	(Area Code & Dayline 1	elephone (Author)	
Enclosed is a check	c for the following amount:			
✓ \$125.00 Filing Fo	ee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ine name of the	Name: e Limited Liability Comp	pany is:	
	a Vehicle Leasing, LLC		
(Must end with the v	words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,"	")
ARTICLE II -	Address:		
		of the principal office of the Limited Liability C	ompany is:
_			
Principal Office	ce Address:	Mailing Address:	
16991 US Highwa	y 19 North	5-me	
Clearwater, FL 33	3764		
			_
(The Limited Liabili business entity with	ity Company cannot serve as its of han active Florida registration.)	gistered Office, & Registered Agent's Signatu own Registered Agent. You must designate an individual or and s of the registered agent are:	
(The Limited Liabili business entity with	ity Company cannot serve as its of han active Florida registration.)	own Registered Agent. You must designate an individual or ano	SECRETARY VISION OF CO
(The Limited Liabili business entity with	ity Company cannot serve as its of han active Florida registration.) the Florida street address	own Registered Agent. You must designate an individual or ano	SECRETARY OF S VISION OF CORPO VISION OF CORPO THE SECRETARY OF S VISION OF
(The Limited Liabili business entity with	ity Company cannot serve as its of han active Florida registration.) the Florida street address	own Registered Agent. You must designate an individual or and softhe registered agent are: Name	SECRETARY VISION OF CO
(The Limited Liabili business entity with	ity Company cannot serve as its of han active Florida registration.) the Florida street address Daniel Ret 16991 US Highway	own Registered Agent. You must designate an individual or and softhe registered agent are: Name	SECRETARY OF S VISION OF CORPO VISION OF CORPO THE SECRETARY OF S VISION OF
(The Limited Liabili business entity with	ity Company cannot serve as its of han active Florida registration.) the Florida street address Daniel Ret 16991 US Highway	own Registered Agent. You must designate an individual or anosof of the registered agent are: Name 19 North street address (P.O. Box NOT acceptable)	SECRETARY OF S VISION OF CORPO VISION OF CORPO THE SECRETARY OF S VISION OF

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) 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:

"MGRM" = M	nager lanaging Member	Name and Address:
MGR		Cullan F. Meathe
		100 Riverplace Drive
		Detroit, MI. 48207
MGR		Daniel Ret
		24957 Brest Road
		Taylor, Mi. 48180
		0
<u> </u>	 	
		
	nt if necessary)	
(Use attachme	iit ii necessary)	
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LE V: Effective date is days after the	ve date, if other than t	he date of filing: (OPTION to be specific and cannot be more than five business of
LE V: Effective date is days after the	ve date, if other than the listed, the date must date of filing.)	t be specific and cannot be more than five business of
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LE V: Effective date is days after the	ve date, if other than to listed, the date must date of filing.) SIGNATURE: Signature of a mem (In accordance with of this document co	t be specific and cannot be more than five business of
ffective date is days after the	ve date, if other than to listed, the date must be date of filing.) SIGNATURE: Signature of a mem (In accordance with of this document contact the facts state	aber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)