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EFFECTIVE DATE 1207

## **COVER LETTER**

TO: Registration Section Division of Corporations Plonda LLC The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & ρ \$160.00 Fileg Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Auto Wholesalers	of SW Plonda LLC
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address:	•
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6/6/ 9/1/5+N #106 St-Pek PL 33703	Sto Pete FC 33703
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as itsown Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	egistered agent are:
St, Pete	N # 106  Iress (P.O. Box NOT acceptable)  FL 3378
City, State, a	nd Zip
•	accept service of process for the above stated limited his 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)

EFFECTIVE DATE 6-12-07

**ARTICLE I - Name:** 

Page 1 of 2

## Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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:

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)