

L070000064195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

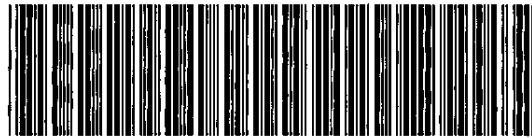
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
07 JUL 26 PM 12:30

JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto Wholesalers of SW Florida LLC
(Name of Limited Liability Company) #L 07000064/95

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ken Leonard Johnson
(Name of Person)

Auto Wholesalers of SW Florida LLC
(Firm/Company)

6161 9th St N Suite 106
(Address)

St. Pete FL 33706
(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Leonard Johnson at 727 599-5949
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

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07 JUL 26 PM 12:30

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: Auto Wholesalers of SW Florida LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the registered agent
is Ken Leonard Johnson.
The name of the MGRM is
Ken Leonard Johnson

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Ken Leonard Johnson

Dated: 7/24/07

Ken Leonard Johnson
Signature of a member or authorized representative of a member

Ken Leonard Johnson
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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DIVISION OF CORPORATIONS
07 JUL 26 PM 12:30

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Auto Wholesalers of SW Florida LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "LC,")

ARTICLE II - Address:

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

Principal Office Address:

6661 9th St N #106
St. Pete FL 33703

Mailing Address:

6661 9th St N #106
St. Pete FL 33703

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:

Leonard Johnson
Dr. Martin Luther King
6661 9th St N #106
Florida street address (P.O. Box NOT acceptable)
St. Pete FL 33703
City, State, and Zip

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07 JUN 18 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Leonard Johnson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 6-12-07

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DIVISION OF CORPORATIONS

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:

MGRM

Leonard Johnson

6661 9th St N #106
St. Pete FL 33706

Dr Martin Luther King

MGR

Erasmus Castillo

6661 9th St N #106
St. Pete FL 33706

MGRM

Diana Bollea

6661 9th St N #106
St. Pete FL 33706

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/12/07 : (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:

Leonard Johnson
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.)

Leonard Johnson
Typed or printed name of signer

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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07 JUN 18 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
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07 JUL 26 PM 12:30
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