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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP : WAIT MAIL
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(Business Entity Name)
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(Danish Marilan)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:
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COVER LETTER

Division of Corp					
SUBJECT: LAND	O&BAY MOTORS				
	(Name of Limited	d Liability Company)			
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please return all correspo	ondence concerning this matte	er to the following:			
BRIAN A	LLEN EDGECON	ИВ			
	(1	Name of Person)			
 	(Firm/Company)			
8506 Dee	Circle		SECR	07 AU	r.w.
		(Address)	HAS		t. Table
Riverview	, FL	33569	SEM S		(La
	(City	/State and Zip Code)	-03	2	
For further information c	oncerning this matter, please	call:	TATE ORIDA	2:48	772
BRIAN ALLEN I	EDGECOMB	at (813) 714-45			
Enclosed is a check for	r 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 A Certificate of Status Certified Copy (additional copy is enclosed)	&	
	Mailing Address	Street/Courier Addre	<u>88</u>		

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2007

BRIAN ALLEN EDGECOMB 8506 DEE CIRCLE RIVERVIEW, FL 33569

SUBJECT: LAND & SEA MOTORS, LLC

Ref. Number: W07000036388

07'AUG 24 PM 2: L8
SECKE FACK OF STATE
AHASSEE, FLORIDA

We have received your document for LAND & SEA MOTORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 207A00046990

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

- 1 1 B . Malaye 110

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Com					
ARTICLE II - Address:					
The mailing address and street address	ss of the pri	ncipal office of the Limited Lia	ability Cor	npan	y 1s:
Principal Office Address:		Mailing Address:			
7309 East Nundy Avenue				_	
Gibsonton, FL 33534	·			_	
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as business entity with an active Florida registratio The name and the Florida street address	its own Registe n.)	red Agent. You must designate an indivi	dual or anoth SECRE [An]	3 to 07 AUG 24	12311 <u>.</u> 9
BRIAN ALLEN E	EDGECOM	1B	SSE	42	(Partie
	Name		1 1 1 1 1	PH	T E
8506 Dee Circl	le		101 101 101 101 101	2: L	f
Flor	ida street add	ress (P.O. Box NOT acceptable)) STATE FLORIDA	(C)	- निर्मादक
Riverview,	FL	33569	**		
City	, State, and Zi	p			

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..

Bu' A Edgerul
Registered Agent's Signature (REQUIRED)

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

(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	ager anaging Member	Name and Address:
MGR		BRIAN ALLEN EDGECOMB 8506 Dee Circle Riverview, FL 33569
MGR		DANIEL L. WILCOX 1811 Stephens Lane Dover, FL 33527
(Use attachmer	nt if necessary)	
(Use attachmer CLE V: Effective date is before the	e date, if other than the	te date of filing: (OPTIONAL) be specific and cannot be more than five business days p
CLE V: Effective date is l	e date, if other than the listed, the date must I date of filing.)	te date of filing: (OPTIONAL) be specific and cannot be more than five business days p
CLE V: Effective effective date is 100 days after the	te date, if other than the listed, the date must ledge of filing.) SIGNATURE:	be specific and cannot be more than five business days p
CLE V: Effective effective date is 100 days after the	re date, if other than the listed, the date must I date of filing.) SIGNATURE: Signature of a memb	be specific and cannot be more than five business days proper or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury

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)