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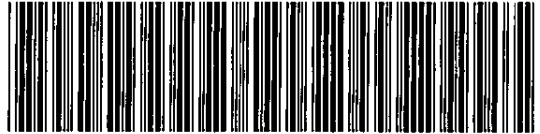
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DIVISION OF CORPORATIONS
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MILLER, SHINE & BRYAN, P.L.
ATTORNEYS AT LAW

JOE C. MILLER II
Board Certified
Civil Trial Lawyer
JUDITH G. SHINE
LINDA LOGAN BRYAN

P.O. BOX 3376
97 ORANGE STREET
ST. AUGUSTINE, FL 32085-3376
904-824-0484

October 31, 2007

CERTIFIED MAIL, RETURN
RECEIPT REQUESTED
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Absolute Auto Repair & Tires, LLC

Dear Sir or Madam:

Enclosed for filing are an original and one (1) copy of the Articles of Organization. Also enclosed is Miller, Shine & Bryan, P. L. check number 858 in the amount of \$125.00, for payment of the filing fee and the cost of a certified copy of the Articles, which we are requesting.

Thank you for your consideration.

Sincerely,



Linda Logan Bryan

LLB/lm
enclosures
cc: Philip S. Beese

**ARTICLES OF ORGANIZATION FOR
ABSOLUTE AUTO REPAIR & TIRES, LLC**

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SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS TIONS
07 NOV -6 PM 2:32

The undersigned authorized representative as provided in Section 608.407, Fla. Stats., desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

1. Name. The name of this Company shall be Absolute Auto Repair & Tires, LLC.

2. Duration/Continuation. The period of this Company's duration shall be perpetual, unless terminated by the written agreement of the majority membership interest or as otherwise provided in the Operating Agreement. In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member, the business of the Company may be continued by the consent of the majority of the remaining membership interests.

3. Purposes. The purposes for which this Company is being formed are the following:

(a) to engage in any activities or business permitted for this Company under the laws of the State of Florida, and

(b) for the specific purpose of operating retail auto repair and tire stores.

4. Address and Principal Office. The mailing address of the principal office of the Company is P. O. Box 516, Hastings, Florida 32145 and the street address of the initial principal office of the Company is 7585 S.R. 207, Hastings, FL 32145.

5. Registered Agent, Registered Office and Registered Agent's Signature. The name and Florida street address of the initial registered agent are:

Philip S. Beese
7585 S.R. 207
Hastings, FL 32145

Having been named as registered agent 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 certify that I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.



Resident Agent's Signature

7. Authorized Representative. The name and address of the Authorized Representative (Organizer) executing these Articles of Organization is as follows:

<u>Name</u>	<u>Address</u>
Philip S. Beese	7585 S.R. 207, Hastings, FL 32145

8. Informal Action of Member Manager(s). Any action of the member manager(s) may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by the majority interest of member manager(s) who would be entitled to vote upon such action at a meeting and same is filed with the Company's records.

9. Transferability of Member's Interest. The transferability of an interest of a member of this Company is restricted as provided in the Operating Agreement.

10. Effective Date. The effective date of the Company is the filing date.

IN WITNESS WHEREOF, the undersigned Authorized Representative (Organizer) has hereunto set his hand and seal this 31 day of October, 2007. In accordance with Section 608.408(3), Fla. Stat., the execution of this document constitutes an affirmation under penalty of perjury that the facts stated herein are true.



Philip S. Beese
Authorized Representative (Organizer)

STATE OF FLORIDA
COUNTY OF ST. JOHNS

BEFORE ME, the undersigned authority, personally appeared Philip S. Beese, as Authorized Representative (Organizer) of the Company, to me known to be the person or who provided _____ as identification who executed the foregoing Articles of Organization and he acknowledged to and before me that he executed such instrument and that the facts stated therein are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 31st day of October, 2007.

Mary E. Horn
Notary Public, State of Florida
Mary E. Horn
Type of print Notary's name
My Commission Expires:

