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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

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Effective Date 04/01/08

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DIVISION OF CORPORATIONS  
08 MAR 26 PM 1:28

J. BRYAN

MAR 27 2008

EXAMINER

**F. PARKER LAWRENCE, P.A.**

ATTORNEY AT LAW

F. Parker Lawrence, Esq.

3720 NORTHWEST 43<sup>rd</sup> STREET - Suite 101  
GAINESVILLE, FLORIDA 32606

TELEPHONE (352) 373-4160  
FACSIMILE (352) 372-3446

March 25, 2008

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

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Re: Registration of Motor Alley, LLC

To Whom It May Concern:

Enclosed please find a Corporation Application for Motor Alley, LLC, together with our firm check #60435 in the amount of \$125.00 for filing. Also enclosed is a copy of the application to be time stamped and returned to this office using the self-addressed, stamped envelope provided.

If you have any question, please contact the office.

Sincerely yours,

**F. PARKER LAWRENCE, PA**



F. PARKER LAWRENCE, ESQ.

FPL/dd

Encl. 1. Corporation Application for Motor Alley, LLC  
2. Firm check #60435 in the amount of \$125.00 for filing  
3. Copy of the application to be time stamped and returned to this office using the self-addressed, stamped envelope provided

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Motor Alley, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Bryon McCarley

(Name of Person)

(Firm/Company)

529 NW 99th Terrace

(Address)

Gainesville, FL 32607

(City/State and Zip Code)

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For further information concerning this matter, please call:

Bryon McCarley

(Name of Person)

at ( 352 ) 333-0946

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Motor Alley, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

25659 W. US-27 32643  
High Springs, FL

**Mailing Address:**

529 NW 99th Ter  
Gainesville, FL 32607

**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:

Effective Date 04/01/08

Bryon McCarley

Name

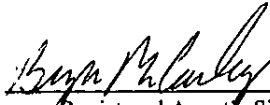
529 NW 99th Terrace

Florida street address (P.O. Box **NOT** acceptable)

Gainesville, FL 32607

City, State, and Zip

*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

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**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:**

Bryon McCarley, MGRM

529 NW 99th Terrace  
Gainesville, FL 32607

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 1, 2008 (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:**

  
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.)

Bryon McCarley  
Typed or printed name of signee

**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)**