L08000054569

(Re	equestor's Name)	
(Ad	ldress)	
•		
(Ad	ldress)	
`	,	
(Ci	ty/State/Zip/Phone	- #\
(CII	ty/State/Zip/Pnone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
·	•	,
(Dc	ocument Number)	
(DC	oument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1
		j
		ł
,		

Office Use Only



100130522291

06/02/08--01015--005 **160.00

5/29/08

DB JUN -2 PH 2: 15

COVER LETTER.

TO: Registration Section Division of Corporations			
SUBJECT: Moto Import Distributors 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:			
Barry Wayne Wooten (Name of Person)			
Moto Import Distributors LLC (Firm/Company)			
12202 Hutchison Blod Suite 72			
Panama City Beach, FL 32407 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Wayne wooten at (770) 539-4978 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Street/Courier Address			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
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: Mailing Address:
12202 Hutchison Blvd 4250 Keith Br. Rd. Suite 72 Panama City Beach, Fl 32407 Cumming Ga 30041
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:
John Mullins Name Name Name Name
19988 Front Beach Road Florida street address (P.O. Box NOT acceptable)
Parama City Beach 32413 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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Y\\\ 2^C (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.)

ter Warren

Typed or printed name of signeo

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)