10800058180

(Requestor's Name)
•
(Address)
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
THORSE INVIE
(Business Entity Name)
•
(Decree and Name has)
(Document Number)
Cartified Carries Cartificates of Status
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

JUN 16 2008

EXAMINER

Office Use Only



800131249558

06/13/08--01034--015 **160.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

COVER LETTER

Registration Section *

TO:

Division of Corporations	
SUBJECT: D-21 Auto Sales	
	ited Liability Company)
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Daniel Reyes	
	(Name of Person)
D-21 Auto Sales	
	(Firm/Company)
915 Doyle Rd. #303-199	
	(Address)
Deltona, Florida, 32725	
(C	ity/State and Zip Code)
For further information concerning this matter, pleas	se call:
•	
Daniel Reyes	at (
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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:		
The name of the Emmed Elability Company is.		
D-21 Auto Sales LLC.		
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri-	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1078 Shadick Dr. Unit I	915 Doyle Rd. #303-199	
Orange City, Florida, 32763	Deltona, Florida, 32725	
The name and the Florida street address of the re John K. Soto Name	gistered agent are:	
1002 E.Normandy	Blvd.	
	ess (P.O. Box <u>NOT</u> acceptable)	
Deltona, 32725	FL	
City, State, ar	nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered opent as provided for in Chapter 608, F.S	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ZOOO JUN 13 PH 1: 40
SECRETARY OF STATE

TIME

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Daniel Reyes
	1434 Puritan St.
	Deltona, Florida, 32725
MGR	Luciano Stella
	108 DeJuan Rd.
	Debary, Florida,32713
Use attachment if necessary)	

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.)

Daniel Reyes

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)

Page 2 of 2

2000 JUN 13 PH 1:40