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COVER LETTER

TO: Registration Se Division of Cor				
_{SUBJECT:} Memory Lane Motorcars, LLC				
(Name of Limited Liability Company)				
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
Diane C.				
	4)	Name of Person)		
Memory L	ane Motorcars,	LLC		
•	(I	Firm/Company)		
101 Shelley Drive				
(Address)				
Winter Haven, FL 33884				
(City/State and Zip Code)				
For further information co	oncerning this matter, please o	call:		
Diane C. Stan	iton	at 863 293-40	74	
(Name o	of Person)	(Area Code & Daytime Tele	ephone 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 C Tallahassee, FL 32301		

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ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITE COMPANYIL
ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
Memory Lane Motorcars, Ll	LC
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of Principal Office Address:	the principal office of the Limited Liability Company is: Mailing Address:
101 Shelley Drive	101 Shelley Drive
Winter Haven, FL 33881	Winter Haven, FL 33881
	stered Office, & Registered Agent's Signature: A Registered Agent. You must designate an individual or another Sthe registered agent are:
The name and the Florida street address of	the registered agent are.
Diane C. Stant	on

Name 803 13th Court NE Florida street address (P.O. Box NOT acceptable) Winter Haven, FL 33881
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): 2008 SEP 22 AM 10: 37 The name and address of each Manager or Managing Member is as follows: SECKETARY OF STATE TALLAHASSEE, FLORIDA Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM David R. Miller 101 Shelley Drive Winter Haven, FL 33884 **MGRM** Diane C. Stanton 803 13th Court NE Winter Haven, FL 33881 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.) Diane C. Stanton 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)