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SECRETARY OF STATE

M. THOMAS

NOV - 6 2008

EXAMINER

COVER LETTER

Registration Section

Division of Corporations	
· _{suвject:} Dealership Restructuring Solutions, 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:	
Alberto F. Gomez, Jr.	
(Name of Person)	
Morse and Gomez, P.A.	
(Firm/Company)	
119 S. Dakota Ave. 宝船 等	FILED HIS
(Address)	
Tampa, FL 33606	
(City/State and Zip Code)	T E
For further information concerning this matter, please call:	
Kim Greiwe # 813 \ 610-7589	
(Name of Person) at (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & }\ \text{S155.00 Filing Fee & }\ \text{Certificate of Status }\ \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Dealership Restructuring Solut (Must end with the words "Limited Liabilit	
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
119 S. Dakota Ave. Tampa, FL 33606	Tampa, FL 33606
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:

Alberto F. Gomez, Jr. Name 119 S. Dakota Ave. Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33606 _{FL} 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..

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Alberto F. Gomez, Jr.	
	119 S. Dakota Ave.	
	Tampa, FL 33606	
MGRM	Richard Nimphie	
	400 Beach Dr. # 802	
	St. Petersburg, FL 33701	
MGR	Kevin T. Cimino	
	4811 W. Beachway Dr.	
	Tampa, FL 33629	
MGRM	James Brakeman	
	309 – 1st Avenue South	
	Tierra Verde, Florida 33715	一覧里
(Use attachment if necessary)		AH ID: 1-8
ARTICLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five bu	isiness days prior
DECLIDED SIGNATUDE:		

<u>REQUIRED</u> 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.)

Alberto F. Gomez, Jr.

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)

ATTACHMENT

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Loren Rhoads
	519 North Howard Ave.
	Tampa, FL 33606

PILED

PILED

AM ID: 1.8

SECRETARY OF STATE

ALLAHASSEE, FLORIDA