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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 07 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GODSONS AUTO REPAIRS, 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:

Everton Deans

(Name of Person)

(Firm/Company)

344 Second Street

(Address)

Clermont, Florida 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Everton Deans

(Name of Person)

at (352) 321-0836

(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2008

EVERTON DEANS
344 SECOND STREET
CLERMONT, FL 34711

SUBJECT: GODSONS AUTO REPAIR, LLC
Ref. Number: W08000056223

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for GODSONS AUTO REPAIR, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 208A00061074

ARTICLES OF ORGANIZATION

FOR

GODSONS AUTO REPAIRS, LLC.

The undersigned, being of legal age, does hereby form the following Company under the Florida Business Corporation Act and file the following Articles of Organization, pursuant to Section 608.407, Florida Statutes:

ARTICLE I

NAME OF THE LIMITED LIABILITY COMPANY

The name of the limited liability company is GODSONS AUTO REPAIRS, LLC.

ARTICLE II

INITIAL REGISTERED OFFICE

The principal office of GODSONS AUTO REPAIRS, LLC will be located at 411 State Road 33, South, Building No. 2, Groveland, Florida 34736 and its mailing address will be 344 Second Street, Clermont, Florida 34711. The Company may have such other places of business in the State of Florida as the nature and progress of the business of the Company shall, from time to time, render necessary and/or desirable. The Managing Members may, from time to time, move the principal office to any new address or place in the State of Florida.

ARTICLE III

INITIAL REGISTERED AGENT AND CERTIFICATE OF ACCEPTANCE

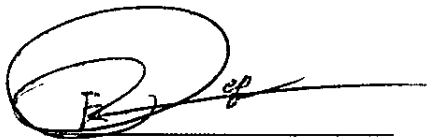
The name and address of the initial registered agent of GODSONS AUTO REPAIRS, LLC., are Everton Deans, 344 Second Street, Clermont, Florida 34711.

CERTIFICATE OF ACCEPTANCE

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

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TALLAHASSEE, FLORIDA

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.


EVERTON DEANS
Registered Agent

12/28/08
DATE

ARTICLE IV

MANAGER (S) OR MANAGING MEMBER(S)

The name and address of each Manager ("MGR") or Managing Member ("MGRM") are as follows:

Title:

MGRM

MGRM

Name and Address:

EVERTON DEANS
344 Second Street
Clermont, Florida 34711

LAURISTON LEWIS
15641 Greater Trails
Clermont, Florida 34711

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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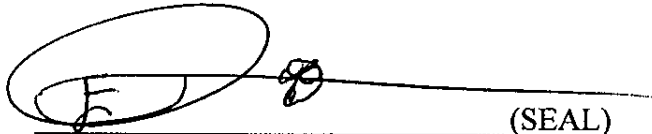
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ARTICLE V

ADDITIONAL MATTERS

The Managing Members have not addressed additional matters.

IN WITNESS WHEREOF, the undersigned Managing Member has hereunto set his hand and seal and caused these Articles of Organization to be executed this 28th day of December, 2008.


(SEAL)

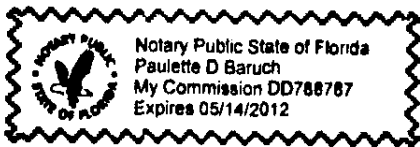
EVERTON DEANS
Managing Member

(In accordance with Section 608.403(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA)
)
COUNTY OF LAKE)

BEFORE ME, the undersigned authority, this day personally appeared **EVERTON DEANS** to me well known, or who identified himself, to be the person who executed the foregoing Articles of Organization and acknowledged before me that he facts stated therein are true and correct to the best of his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal of office, this 28th day of December, 2008.



Paulette D. Baruch
Signature and Seal of Notary Public
Administering the Oath

Paulette D Baruch
Name of Notary Public, State of Florida

Personally Known _____ or Identification Produced ✓

Type of Identification Produced D 520 - 211 - 71 - 017 - 0

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