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2009 FEB 19 PH 12: 55
SECRETARY OF STATE

C. LEWIS
FEB 2 0 2009
EXAMINER







MONSTER'S MOBILE AUTOBODY REPAIR

October 22, 2008

Daytime Phone (352)343-3410

Steve Schwarz and Teresa Schwarz LLC. 2657 Pam St . Tavares , Fl 32778

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJEC	CT: Steve Schwarz and Teresa Schwarz LLC (Name of Limited Liability Company)		
	(Name of Limited Liability Company)		
The encl	losed Articles of Organization and fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this matter to the following:		
_	Teresa Schwarz		
	(Name of Person)		
Ste	eve Schwarz and Teresa Schwarz LLC DBA		
	(Firm/Company) MONSTERS NOBILE AUTOBODY Repai		
24	157 Pam St. MOBILE AUTOBODY Repai		
	(Address)		
Tavares, FL 32778			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Tere	(Name of Person) at (352) 343 · 3410 (Area Code & Daytime Telephone Number)		
Enclose	ed is a check for the following amount:		
\$125.0	O Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status 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

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:			
Steve Schwarz and Teresa Schwarz LLC. (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:		
2657 Pan St. Tavares, Fl 32778	2457 Pam St. Tavares, FI 32778		
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:			
Teresa Sch Name	egistered agent are: ACC PETAR AND CZ AND C		
21057 Paux SL	ress (P.O. Box NOT acceptable)		
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	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered 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: 2009 FEB 19 PM 12: 56 Name and Address: SECRETARY OF STATE TABLAHASSEE, FLORIDA "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **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.) Teresa Schwarz
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)