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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: U.S.DRIVERS AUTO ASSOCIATION 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:
SANDRA L. ALEXANDER
(Name of Person)
U.S.DRIVERS AUTO ASSOCIATION LLC
(Firm/Company)
424 OCOEE HILLS ROAD
(Address)
OCOEE FLORIDA 34761 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
SANDRA ALEXANDER at (407) 948-5742 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{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

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The name of the Limited Liability Company is:

U.S.DRIVERS AUTO ASSOCIATION 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:	
424 OCOEE HILLS ROAD	SAMĖ	
OCOEE FLORIDA 34761		
ARTICLE III - Registered Agent, If (The Limited Liability Company cannot serve as in business entity with an active Florida registration) The name and the Florida street addresses	AR R	SECRETAF DIVISION OF
SANDRA L	ALEXANDER	
	Name	ؙؙڕڐ
424 OCOE	E HILLS ROAD ≲	
. Flori	da street address (P.O. Box NOT acceptable)	
OCOEE FL	ORIDA,34761	
(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..

Elixander

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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	SANDRA L ALEXANDER
	424 OCOEE HILLS ROAD
	OCOEE FL 34761
MGR	KAYTON SCARBORO
	18334 WEST SHORE LANE
	GROVELAND FLORIDA 34736
(Use attachment if necessary)	
-,	
	in the date of filing: $02-23-09$. (OPTION
	ust be specific and cannot be more than five business d
fective date is listed, the date m days after the date of filing.)	

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.)

SANDRA L ALEXANDER

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)