# 10900041841

(Re	equestor's Name)	
,	,	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

S. HAWKES

APR 3 0 2009

EXAMINER

S. HAWKES

WAR \ 32009

EXAMINER





April 21, 2009

GARNET CLARK 908 BLACK PINE CT ROCKLEDGE, FL 32955

SUBJECT: VALUED AUTO WHOLESALE LLC

Ref. Number: W09000010018

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

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

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) 245-6955.

Letter Number: 109A00013390

Suzanne Hawkes Regulatory Specialist II



April 8, 2009

GARNET CLARK 908 BLACK PINE CT ROCKLEDGE, FL 32955

SUBJECT: VALUED AUTO WHOLESALE LLC

Ref. Number: W09000010018

We have received your document for VALUED AUTO WHOLESALE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6955.

Letter Number: 609A00011794

Suzanne Hawkes Regulatory Specialist II

### **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT:	alued Au	GO WOODS	1e Llc	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Garr	et Clark (Name of Person)		
	908 7	(Firm/Company)	<del></del>	
	100 1	(Address)		
	ROCKle	Address)  Address)  Address)  Address	955	
For further information c	oncerming this matter, please c	all:		
Gan	of Person)	at ( 301 394- (Area Code & Daytime	1561 Telephone Number)	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status &	

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability

Company in accordance with \$.608 439. Florida Statutes. 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is Valuar Auto wholesale (Enter Name of Other Business Entity) 2 The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of Florida Limited Liability Company) 5. If not effective on the date of filing, enter the effective date: (The effective date: 4) cannot be prior to nor more than 90 days after the date this

Page 1 of 2

listed therein.)

document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is

Signed thus23_ day of	February2009	
	U orized Representative of Limited Liability Com	tpany:
Signature of Member or Authori Printed Name <u>CCUNC</u> +	ized Representative: Y Larret Class  Title: DrEC+06/6	HICO
Signature(s) on behalf of Other	Business Enrity:  See below for required signatu	ire(s).}
Signature Tapat C Printed Name: Garnet	GAL Title: DIrector/	Office /
Signature:		
Printed Name:	Title:	*
Signature.	Tale:	
Printed Name.	Trite:	<del></del>
Signature:		
Printed Name:	Title.	<del></del>
Signature:		79.09
Printed Name:	Title:	
Signature		A Swaning
Printed Name:	Tule:	
If Florida Corporation: Signature of Chairman, Vice Chai If Directors or Officers have not b	irman, Director, or Officer. seen selected, an Incorporator must sign.	P. 4: 23
<b>If Florida General Partnership</b> Signature of one General Partner.	or Limited Liability Partnership:	
If Florida Limited Partnership of Signatures of ALL General Partne	or Limited Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees.		

Page 2 of 2

\$25,00

\$125,00

\$30,00 (Optional) \$5,00 (Optional)

Certificate of Conversion:

Certified Copy: Certificate of Status.

Fees for Florida Articles of Organization:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the I imited Liability Company is:	
	Molsole LLECS -
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5853 HAINES ROad	211
ET PETERSBURG FL33714	Roclegand FL32955
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registatusiness entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

Name

Not acceptable

LARGO

FL 

City, State, and Zip

Code (409)

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..

Harnet Clork
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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Gesnet Clark 908 Black Pine ct Rockeldge F 1, 32955
	9 PR 27
(Use attachment if necessary)	- L. 23
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) especific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	r or an authorized representative of a member.
of this document constitution that the facts stated he	
	ped 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)