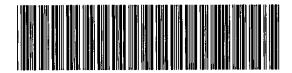
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(Req	uestor's Name)	
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(City	/State/Zip/Phone	#)
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAY - 7 2009

EXAMINER

COVER LETTER

	ration Section on of Corporations		
SUBJECT:	Mathis A	Automotive Group,LLC)
	Name of Limi	ted Liability Company	
The enclosed A	rticles of Organization and fee(s) are	submitted for filing.	
Please return al	correspondence concerning this ma	tter to the following:	
	Vern	on Leslie Mathis jr	
		Name of Person	
	mathi	s automotive group	,
		Firm/Company	
	1128 roya	l palm beach blvd #141	B ₁₀
		Address	9 M
	royal _l	palm beach,fl,33411	HAS
	C	ity/State and Zip Code	RY O
	Vernon	_mathis@yahoo.com for future annual report notification)	TO N
For further info	rmation concerning this matter, pleas	·	9 MAY -6 PM 2: 42 ECRETARY OF STATE LLAHASSEE. FLORIDA
Ve	rnon Leslie Mathis jr	_ *** \	281-5223
	Name of Person	Area Code & Daytime Te	lephone Number
Enclosed is a	check for the following amount:		
№ \$125.00 Filin	g Fee \$\int_\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company	is:
	SF SF
Mathis Automoti	
(Must end with the words "Limited Lia	ability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	SSERY 66 F
The mailing address and street address of the	principal office of the Limited Liability Company Ts:
D. I. 1.000	TO STA
Principal Office Address:	Mailing Address:
1335 old dixie highway #b-32 lake park,fl,33403	1128 royal palm beach blvd #141 royal palm beach,fl,33411
	red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
Vernon Le	slie Mathis jr
Nar	
112 heatl	herwood dr
Florida street address (P	O. Box NOT acceptable)
royal palm beach,fl,33	
City, State	e, and Zip
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as ecity. I further agree to comply with the provisions of all experformance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(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:

Title: "MGR" = Manager "MGRM" = Manag		Name and Address:	
MGRM		Vernon Leslie Mathis jr 112 heatherwood dr royal palm beach,fl,33411	1 SEORETAF
	-		SEGRETARY OF STATE
	-		
	te, if other than the	date of filing: (C	
D days after the date REQUIRED SIGN	e of filing.) NATURE:	r or an authorized representative of a member.	siitess uays þ
	In accordance with sec of this document const hat the facts stated her	etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)	
Filing Fees:	V	ernon Leslie Mathis jr ped or printed name of signee	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)