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2009 MAY 14 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

MAY 15 2009

EXAMINED

DANA G. TOOLE, P.A.

3320 Thomasville Road, Suite 201
Tallahassee, FL 32308
850.727.4138
850.727.4139 Fax
dana@danatoole.com

May 11, 2009

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

Re: North Florida BMW Motorcycles LLC

Dear Sir/Madam:

Enclosed please find Articles of Organization for the referenced Limited Liability Company. Please direct all correspondence or inquiries to my office. If I cannot be reached at my office number, please feel free to contact me on my cell phone at (850) 251.3123.

Enclosed is a check for \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed).]

Thank you for your attention to this matter.

Sincerely,



Dana G. Toole

Enclosures

2009 MAY 14 12:14
TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS
REGISTRATION SECTION

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

North Florida BMW Motorcycles LLC

ARTICLE II – Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

109 Carrdian Road
Monticello, FL 32344

Mailing Address:

109 Carrdian Road
Monticello, FL 32344

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:

Dana G. Toole
Dana G. Toole, P.A.
3320 Thomasville Road, Suite 201
Tallahassee, FL 32308

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.



Registered Agent's Signature (REQUIRED)

2009 MAY 14 12:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV – Manager(s) or Managing Members(s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM”- Managing Member

Name and Address:

MGR

Paul C. Taber
109 Carrdian Road
Monticello, FL 32344

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL: 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.)

PAUL C. TABER

Typed or printed name of signer

FILED
2009 MAR 14 PM 12:14
CLERK OF STATE
TALLAHASSEE, FLORIDA