# 12900054187

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⊋ #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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G. MCLEOD

JUN - 4 2009

**EXAMINER** 



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SECRETARY OF CLOSE DIVISION OF CURL CRAFTLY

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	A - TO - Z   Name of Limi	Auto Repair Letted Liability Company	LC.
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	•
Please return all correspon	ndence concerning this mat	tter to the following:	
Allen	RiWeaver	Name of Person	
	z Auto T		
		adaden st.	45-26-149-99-1
Pen	reacula p	Horida 32503	5
į	Cı	ty/State and Zip Code	
	E-mail address: (10 be used	for future annual report notification)	
For further information co	oncerning this matter, pleas	se cali:	
Allen R-We Name of	AUC R F Person	at ( <u>&amp;&amp;O</u> ) <u>4170-0</u> Area Code & Daytime Telep	793 hone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR <sub>1</sub>	ICL	ÆΙ	- Name	
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The name of the Limited Liability Company is:

A-70-Z Au+O Repair LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

**Principal Office Address:** 

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

**Mailing Address:** 

Denga Cola 32505 Florida 32505	sЬ	•
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.)		<u></u>
The name and the Florida street address of the registered agent are:  Allew R. Weaver  Name  2116 West Tadsdenst.  Florida street address (P.O. Box NOT acceptable)  Pensa Cela FL 32505  City, State, and Zip	09 JUN -3 PH 1:49	SECRETARY OF COMPONITIONS

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)

(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	
MER	Allen R. Wequel 2116 W-GADG Jensty YENSE OSIZ FL. 32505
MGRM	RAYMOND E WEAVER 2116 W. CADSDEN ST YENGBOOK TH. 32505
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mus to or 90 days after the date of filing.)	the date of filing: / Tawe 2009. (OPTIONAL)  t be specific and cannot be more than five business days prior
<u>required</u> signature: Alle	R.lede cever
Signature of a mer	nber 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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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