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SECRETARY OF STATE
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JUN - 9 2009
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Whik heads Auto and RAdiator Repairs U.  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:
Fred White head Name of Person
white head that and RAdiaby Repairs LLC Firm/Company
2624 Trunsmitter Parna Ess 3
Address  Punamu Cun M 32405  City/State-and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fred White head at (850.) 914-0601  Name of Person at (850.) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address  Registration Section  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the re-	
Florida street address (P.O. E	Syn Har Box NOT acceptable)

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)

### 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 "MGRM" = Managing Member	Name and Address:
Mar	Fred white head  2824 transmitter  Panama Puty KL 32405
Marm	NING SMITH 2624 Masmitter PAMERMA CITY &C 32405
	2009 1AL-
(Use attachment if necessary)  CLE V: Effective date, if other than the date	ARRY OF PARTIONAL)  te of filing:  ARRY OF PARTIONAL)
	pecific and cannot be more than five business days p
REQUIRED SIGNATURE: Signature of a member or	r an authorized representative of a member.
of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)  Whitehead 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)