# L0900UU64810

| (Requ                        | estor's Name)  |             |
|------------------------------|----------------|-------------|
| (Addre                       | ess)           | <u> </u>    |
| (Addre                       | ess)           |             |
| (City/S                      | State/Zip/Phon | e #)        |
| PICK-UP                      | WAIT           | MAIL        |
| (Busin                       | ness Entity Na | me) . :     |
| (Docu                        | ment Number)   | <del></del> |
| Certified Copies             | Certificate    | s of Status |
| Special Instructions to Fili | ing Officer:   |             |
|                              |                |             |
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EFFECTIVE DATE 7

FILED 09 JUL -6 AM 8: 1 SECRETARY OF STATI ALLAHASSEE, FI DAN

B. KOHR

JUL 8 2009

EXAMINER

|                  | COVER LETTER EFFECTIVE DATE 7 (91)9   |
|------------------|---|
| TO:              | Registration Section Division of Corporations   |
| SUBJE            | CT. SECOND ACT AUTO BROKERS LLC.  |
| SUBJE            | Name of Limited Liability Company   |
| The enc          | losed Articles of Organization and fee(s) are submitted for filing.   |
| Please r         | eturn all correspondence concerning this matter to the following:   |
|                  | RICHARD S PETERSEN  |
| -                | Name of Person  |
| _                | SECOND ACT AUTO BROKERS LLC.  |
|                  | Firm/Company  |
| -                | 1136 NE PINE ISLAND ROAD #65  |
|                  | Address   |
|                  | CAPE CORAL FLORIDA 33909  |
| -                | City/State and Zip Code   |
| _                | BADBOY00382004@YAHOO.COM  E-mail address: (to be used for future annual report notification)  |
| For furt         | her information concerning this matter, please call:  |
|                  |   |
|                  | RICHARD S PETERSEN at ( 863 ) 399-6094  Name of Person Area Code & Daytime Telephone Number   |
| Enclose          | ed is a check for the following amount:   |
| <b>]</b> \$125.0 | Of Filing Fee \$\bigcup\$\$130.00 Filing Fee & \$\bigcup\$\$\$155.00 Filing Fee & \$\bigcup\$   |
| V                | 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 Circle Tallahassee, FL 32301 |

PS. Will you please mail the LETTER OF ACKNONTEDGMENT TO Richard PETERSEN 2103 SE 8# AVE Cape Obeal F1. 33990

EFFECTIVE DATE 7 15/09

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | D | TI | <b>~1</b> | Ľ,  | T | N.   | lam |    |
|---|---|----|-----------|-----|---|------|-----|----|
| А | ĸ | 11 | €.1       | лN. | 1 | - 17 | ıяm | e: |

The name of the Limited Liability Company is:

# SECOND ACT AUTO BROKERS .LLC

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

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

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

Principal Office Address:

**Mailing Address:** 

1136 NE PINE ISLAND ROAD #65 CAPE CORAL FLORIDA 33909 1136 NE PINE ISLAND ROAD #65 CAPE CORAL EL ÓRIDA 33909

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:

|    | CAROL A PETERSEN                                 |
|----|--|
|    | Name   |
|    | 2103 SE 8TH AVE                                  |
| F  | florida street address (P.O. Box NOT acceptable) |
| CA | PE CORAL 33990 FL                                |
| _  | City, State, and Zip                             |

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:

| Title: "MGR" = Manager "MGRM" = Managing Member                                       | Name and Address:  |
|---|--|
| RICHARD S PETERSEN MGR  | 2130 SE 8TH AVE<br>CAPE CORAL FLORID 33990   |
|   |  |
|   |  |
| (Use attachment if necessary)   |  |
| CLE V: Effective date, if other than the da   | ate of filing:JULY 15,200 (OPTIONAL pecific and cannot be more than five business days                         |
| REQUIRED SIGNATURE:   | 50(  |
| Signature of a member   | or an authorized representative of a member.   |
| (In accordance with section of this document constituent that the facts stated herein | on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury n are true.) |
| (In accordance with section of this document constituent that the facts stated herein | on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury              |

Page 2 of 2