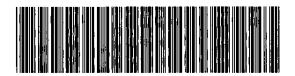
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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B. KOHR

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EXAMINER

COVER LETTER

TO:	Registration Division of C		KE'S MOPARTS, LLC		
SUBJI	ECT:	MUZEK	KE'S MOPARTS, LLC		
			ited Liability Company		
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this mat	atter to the following:		
		Flo	oyd E. Stubbs Jr.		
			Name of Person		
		MUZEK	KE'S MOPARTS, LLC		
		Firm/Company			
		5 SE 155TH Street			
	Address				
		dale, Florida 32195			
			ity/State and Zip Code		
	·	E-mail address: (to be used	ZEKE@AOL.COM for future annual report notification)		
For fur	ther information	n concerning this matter, please	se call:		
		E. Stubbs Jr.	at (352) 821-1522		
	Name	e of Person	Area Code & Daytime Telephone Number		
Enclos	sed is a check t	for the following amount:			
]\$ 125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	is: PARTS, LLC ability Company ""L.L.C." or "LLC")				
ARTICLE I - Name:	No Wind				
The name of the Limited Liability Company is:					
	As.				
MUZEKE'S MOPARTS, LLC					
(Must end with the words "Limited Lie	ability 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:				
14225 SE 155th Street	14225 SE 155th Street				
Weirsdale, Florida 32195	Weirsdale, Florida 32195				
The name and the Florida street address of the Floyd E.	e registered agent are: Stubbs Jr.				
Nar					
14225 SE	14225 SE 155th Street				
Florida street address (P	Florida street address (P.O. Box NOT acceptable)				
Weirsdale, FL 321295 _{FL}					
City, State, and Zip					
liability company at the place designated i 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 city. I further agree to comply with the provisions of all performance 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 Mana The name and address of each Manage	· · ·
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Floyd E. Stubbs Jr.
	14225 SE 155th Street Weirsdale, Florida 32195
MGR	Romona L. Stubbs
	14225 SE 155th Street Weirsdale, Florida 32195
MGR	Myia S. Stubbs
	14225 SE 155th Street Weirsdale, Florida 32195
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
(In accordance with sect of this document constituted that the facts stated here	ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.)

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

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

Floyd E. Stubbs Jr.

Typed or printed name of signee