

L10000056160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAY 25 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 24 PM 2:41

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY AUTO REPAIR OF CAPE CORAL, LLC
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:

<u>SARA DELLAPORTA</u> Name of Person	FILED 2010 MAY 24 PM 2:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u>Firm/Company</u>	
<u>617 SE 28TH TERRACE</u> Address	
<u>CAPE CORAL, FL 33904</u> City/State and Zip Code	
<u>saradellaporta@yahoo.com</u> E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

SARA DELLAPORTA at (239) 200-7486
Name of Person Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUALITY AUTO REPAIR OF CAPE CORAL, 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:

920 SE 13TH PL
CAPE CORAL, FL 33990

Mailing Address:

617 SE 28TH TERRACE
CAPE CORAL, FL 33904

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:

SARA DELLAPORTA

Name

617 SE 28TH TERRACE

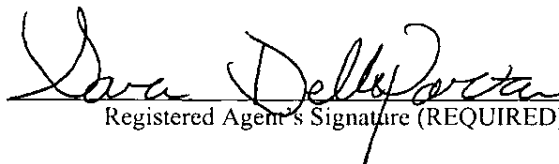
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL, FL 33904

City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGRM

PETER DELLAPORTA
617 SE 28TH TERRACE
CAPE CORAL, FL 33904

MGRM

SARA DELLAPORTA
617 SE 28TH TERRACE
CAPE CORAL, FL 33904

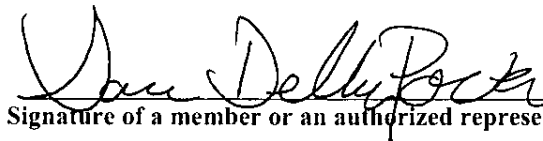
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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 affirmation under the penalties of perjury that the facts stated herein are true.)

SARA DELLAPORTA

Typed 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)