(Requestor's Name)			
(10400000)			
(Address)			
(issues)			
(Address)			
		•	
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only

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SECRETARY OF STATE

D. BRUCE

JUN 30 2010

EXAMINER

COVER LETTER

, 1	r o :	Registration S Division of Co			•	٠		
S	SUBJE	ect: DiFr	name of Limited	Liability Company				
T	The en	closed Articles o	f Organization and fee(s) are sub	omitted for filing.				
P	Please	return all corresp	oondence concerning this matter	to the following:				
		Ac		nme of Person			· -	
		DIF	rancesco Auto	Saks, LLC.				
		3345	5 Okeenbbee	Road Address	<u>۔۔۔۔</u> پر	17. 17. 17.	10	
		Fort	Pierce, FL 3	SHOUT tate and Zip Code			64 NNF	
	•	tr		Sauth, net future annual report notification)	(*) (*)		- P	П
F	or fur	ther information	concerning this matter, please ca	ill:	-0300	SIAIS	3: O 9	U
Í	<u> →</u> 0,	thony Di	Francesco Tr a of Person	Area Code & Daytime Telep	SHOH ohone Number			
E	Enclos	sed is a check for	or the following amount:					
घ	\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Certified Cop (additional copy	Statu y	ıs &	
			Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
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:			
3315 Okeechobee Rd Fort Pierce, Fl. 31947	3345 Okeechobee Rd Fort Pierre, Fl. 34947			
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: Anthony Difference Road Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable)				
City, State	, and Zip			
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete performs	cept service of process for the above stated limited s certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FFECTIVE DATE 6 34 10

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Anthony DiFrancesco Jr. 33-15 Okeahobee Road Fort Pierce, Fl. 3-1947
·	
(Use attachment if necessary)	
	n the date of filing: 6 24 30 0 . (OPTIONAL) ast be 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 section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)