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SECRETARY OF STATE
DIVISION OF CORPORATION

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T. HAMPTON
JUL 2 0 2010
EXAMINER

COVER LETTER

	gistration S ision of Co	Section orporations		
		•		
SUBJECT:	98 Gara			
		Name of Limit	ed Liability Company	
The enclosed	l Articles o	f Organization and fee(s) are	cubmitted for filing	•
The enclosed	i Aiticies o	1 Organization and ree(s) are	submitted for imag.	
Please return	all corresp	ondence concerning this matt	ter to the following:	
Chri	stopher S	S Bonsall		
	<u> </u>		Name of Person	
00.0	\	^		
98 Garage LLC Firm/Company				
			, and dompany	
9617 Navarre Parkway				
			Address	
Maye	arra El 2	2556		
INAVA	arre, FL 3		y/State and Zip Code	
shad	lowz71@		,	
shadowz71@atf.net E-mail address: (to be used for future annual report notification)				
For further in	formation	concerning this matter, please	e call:	
1 of further if	normanon	contocining this matter, press.		
Christopher S Bonsall			at (850) 936-9006	
Name of Person			Area Code & Daytime Teler	phone Number
Enclosed is	a check for	or the following amount:		
☑\$125.00 Fi	ling 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
98 Garage LLC	
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9617 Navarre Parkway	9617 Navarre Parkway
Navarre, FL 32566	Navarre, FL 32566
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
	•
Christopher S Bons	Name
9617 Navarre Park	
Florida	street address (P.O. Box <u>NOT</u> acceptable)
Navarre	FL 32566
	City, State, and Zip
<u>.</u>	and to accept service of process for the above stated limited

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

DIVISION OF CORPORATIONS

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:
MGR	Christopher Bonsall
	2022 Truman Drive Navarre, FL 32566
(Use attachment if necessary)	
FICLE V: Effective date, if other than to neffective date is listed, the date must r90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Christen	shee & Bonsall

Christopher S Bonsall

that the facts stated herein are true.)

Typed or printed name of signce

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

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS