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SECRETARY OF STATE

T. CLINE

OCT 2 7 2010

EXAMINER

COVER LETTER

	TO: Registration Section Division of Corporations			
SUBJEC	TEG AUTO SALES, LLC. Name of Limited Liability Company			
The enclo	sed Articles of Organization and fee(s) are submitted for filing.			
Please ref	orn all correspondence concerning this matter to the following:			
	JACQUIEN S. COLLYMORE Name of Person			
J&G AUTO SALES, LLC. Firm/Company				
	557 JOHNS LAND SNG WAY			
	Address A S 5			
	OAKLAND FL. 34787.			
	OAKLAND FL. 34787. City/State and Zip Code WWW. TACKIEWIZKID@YAHOO. COPER SET			
For further information concerning this matter, please call:				
	ACQUIEN S. COLLYMORE at (646) 377 7633 Name of Person Area Code & Daytime Telephone Number			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed	is a check for the following amount:			
\$125.00 F	ling Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}} \frac{\text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \frac{\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}}			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

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:
3804 NORTH ORANGE BLOSSOM TRAZ ORLANDO FL. 32804	Mailing Address: SST JOHNS LAND; NG WAY OAKLAND, FL. 34787.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or mother 7
The name and the Florida street address of the	registered agent are: ¬¬¬¬ ≥ ¬
JACQUIEN S. Name	
	dress (P.O. Box <u>NOT</u> acceptable)
OAKLAND, FL.	FL 34787 .tate, 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)

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

MGR

JACQUIES SYMPHORISS COLLYMORE.

557 JOHNS LANDING WAY

OAKLAND, FL. 34787

MGRM

GODFREY E. FORDE

710 RANFAUL DR.

WINTER GARDEN, Fl. 34787

(Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

acquien 8 · collymore
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)