## L10000195377

(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:				
A. LUNT				
DEC -7 2010				
EXAMINER				

Office Use Only



900188243279

12/06/10--01006--028 \*\*160.00



## **COVER LETTER**

TO:	Registration Division of	n Section Corporations	·		
SUBJEC	<sub>cr.</sub> Ama	na Auto Sales LLo			
35232		Name of Limit	ed Liability Company		
The encl	losed Articles	s of Organization and fee(s) are	submitted for filing.		
Please re	eturn all corre	espondence concerning this mat	ter to the following:		
9	Sandra	Brevett-Dib			
_			Name of Person		
	Amana	Auto Sales LLc		OID DEC	Ĩ
_			Firm/Company	SSS on	
	8841 N\	W 15 th Street		PM P:	
_			Address		***
F	Pembrok	e Pines, FI, 33024			
<u>-</u>		<del></del>	y/State and Zip Code		
S	sandra@d	dibreno.com			
-	<del>.</del>	E-mail address: (to be used	for future annual report notification)		
For furth	her information	on concerning this matter, pleas	e call:		
Sandra Brevett-Dib		t-Dib	at (954 ) 433-5875		
	Nar	ne of Person	Area Code & Daytime Telep	hone Number	
Enclose	ed is a check	for the following amount:			
<b>]</b> \$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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

The name of the Limited Liability Company is:	ON DEC -			
Amana Auto Sales LLC	SSS TO TO			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1131 NE 9th Ave Ft. Lauderdale, Fl,33304	1131 NE 9th Ave Ft. Lauderdale, Fl, 33304			
rt. Lauderdale, F1,33304				
business entity with an active Florida registration.)  The name and the Florida street address of the re  Sandra Brevett-Dib	egistered agent are:			
Name				
Name 8841 NW 15th St	reet			
8841 NW 15th St	reet // ress (P.O. Box NOT acceptable)			
8841 NW 15th St				
8841 NW 15th St. Florida street add Pembroke Pines	ress (P.O. Box NOT acceptable)			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

(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.)

gnature of a member or an authorized representative of

Sandra Brevett-Dib

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)